MSP MWP CONTRACT FACILITY:

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MA IOP X

Inmate Name:	-		
TO HITE	Ford	Makueeyapee	ID# 3015941
	name	First Name	
Date: 9.17.23 Ti	ime: 12:32 Place of	f Incident: \\\\\\-1	
Room/Cell: UD2 Hou	using Unit: HSN-1	Job Assignment: 2.	1 - Laber Pool
Infraction Number(s) & Name(s	s) 4228 Foilure to a	Lysilog netting wed	perational Procedure
		, 3	•
Staff Witness: 1.		Other Inmates involved 1.	
Staff Witness: 1.		2.	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Description of Violation: (who,	what, why, where, when	and now). On the date	and time listed above
Inmate whiteford, m	WH 6 END 60 # 30120	4) returned from C	how with a different
Black. He was warne	d about this action	n on 9.15.23 at 17:20 0	and placed in the
marriag 109. said ac	tion goes agaist unit	rules/policy. See all	ached unit rule.
	~ P		
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REPORTING STAFF MEMBER	R: V. C		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
REPORTING STAFF MEMBEI	R: Duke.c. (Print Name	e)	(Sign Name)
REPORTING STAFF MEMBER Supervisor Review:	(Print Name		(Sign Name)
	- <u> </u>		
Supervisor Review:	(Print Name	e)	(Sign Name) (Sign Name)
	(Print Nam (Print Nam	ofinement Release to P	(Sign Name) (Sign Name) revious Status ☐ Other
Supervisor Review:	(Print Nam (Print Nam	ofinement Release to P	(Sign Name) (Sign Name)
Supervisor Review: Inmate Status: Approval for placement in PHC:	(Print Nam (Print Nam	ofinement Release to P	(Sign Name) (Sign Name) revious Status ☐ Other
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Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, compete. Here alternatives to placement in restrict mentioned reason. (Shift supervisor's Signature) I have received a copy of this notice and have 1. Hearing Date: / / / / / / / / / / / / / / / / / / /	(Print Name (Print	e) If inement Release to Pine Mental Heal o ensure all necessary information is attestrictive housing may have on medical at separation from the general inmate por (Warden or Des PREHEARING ACTION) If and present evidence at a hearing coefficient (Waiver/Refusal form)	(Sign Name) (Sign Name) revious Status
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MSP ▼ MWP □	CONTRACT FACILITY:
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Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement 🌣	Waiver to Attend Hearing [Refusal to Attend Hearing [
Inmate Name: Whit Fur	-d Makuleyaper	1D#: <u>3015941</u>
Date: 9 /13 / 23	Time: 1020 Housing U	Init: <u>4501</u>
Infraction Number(s) and Descr	iption: 4227. Failure to follow	disciplinary
Agreement: It is the judg	ment of the DHO/Housing UMT that there is suff	icient evidence for a finding of
(Circle number of prior guilty decisions w	above. he number of prior Major/Minor Infraction Reports: 1 2 within the timeframe [not each rule violation]. Find grid level to use	e by adding current & prior guilty decisions)
I wish to enter into an Agreement a agreement with the DHO/UMT, and above, and waive my right to a head. Inmate Signature:	nd accept the sanction(s) offered above for the infraction d by signing it, I understand that this concludes the discipring and appeal.	(s) listed above. By entering this linary process for the infraction(s) listed Date: / /
☐ Waiver to Attend Discipl	inary Hearing: Inmate waives right to hearing	
	mary rearing. Annate waives right to hearing	
☐ Refusal to Attend Discipl	inary Hearing:	
I told Inmate(S)he was advised that the hearing	that it was time for his/her he would proceed on the basis of evidence provided. (S)he s	earing. (S)he refused/declined to attend. till refused/declined stating:
Inmate Signature:		Date: / /
Officer/Witness Signature		Date: /
Disciplinary Hearing Officer/(Init Disciplinary Team Canni Wals	to Date: 9/13/23
Administrative Review Signati	ure: / wy mgal	Date: 9 1923
Copies to: Records (White)	Parole Board-Majors only (Yellow) Housing U	nit (Pink) Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline

	OF MONTANA DEPARTMEN		RECEIVED BY
	MWP CONTRACT FACIL		SEP 11 2023
DISCIPLIN	(Information and staff signatures on this for		DICE.
Whitford	MAJOR ☑ MI	NOR 🗌	DISCIPLINARY
Inmate Name: Lonitefor	d makueeyap	ee	ID# 3015941
Last nan	ne ·	First Name	
Date: 9.8.23 Time. Room/Cell: ub - 2 Housin Infraction Number(s) & Name(s)	8:18 pm Place of Incident:	HSU-1 - UD	
Room/Cell: UD - 2 Housing	g Unit: Hsu - 1 Job	Assignment: 801 - Labo	r Pool
Infraction Number(s) & Name(s)	4227 - Failure to Follow W	citten institutional poli	EQ
Ĺ	1227 - Father to abide by	the conditions of a discip	litting disposition
C4-C6 W/2 1			
Staff Witness: 1.	Other In	imates involved 1.	
2		2	WAY CO
Description of Violation: (who, wh	at, why, where, when and how):	On the date and time	liebal alma T
Sat Duke was picking up	tablets on the wage - blacks	When satering UD T	C. J. J.
whiteford m Sitting at th	8. to ble blowing Conds I a	Lit ha known Sid low	round immort
whiteford, m Sitting at the restriction until 9/14/23	E - Futhermore be was	lices a Consult the Cal	1 cost-intim cure
which he signed on 8.	31.23	TIVELY & COPY OF THE CA	II TEZIAICHION IMEZ
3			
	FRR	· · · · · · · · · · · · · · · · · · ·	**************************************

REPORTING STAFF MEMBER:	Duke.c		
a i n i	(Print Name)	(Sign	Name)
Supervisor Review:	(Print Name)	(0)	
	(Print Name)		Name)
Inmate Status:	☐ Pre-Hearing Confinement	Release to Previous Sta	tus 🗌 Other
Approval for placement in PHC:	☐Medical:	_ Mental Health:	
n.			
Reason:			
I have reviewed this report for legibility, completes etc.) For placement in Pre-Hearing Confinement, considered alternatives to placement in restrictive	I have reviewed the impact that restrictive hous	ing may have on medical and mental he	alth conditions exhibited
mentioned reason.	iousnig, and have determined that separation in	on the general minate population is nec	essary due to the above
11/	9/0/23		1 1
(Shift Supervisor's Signature)	9/8/23 (Date)	(Warden or Designee Signature	e) (Date)
	NOTICE OF HEARING/PREHEAR		
I have received a copy of this notice and have be	en informed of my right to attend and present e	evidence at a hearing.	
1. Hearing Date: / 2. I understand the charge(s)?	Time:hrs. Place:o (if no, verbally explain the charge(s) to the in		
	o (if he, verbany explain the charge(s) to the if o (if yes, have inmate sign an Agreement/Waiv		
 Present evidence and witnesses on my beha 	lf. Yes No If inmate has witnesses, have	him/her complete a Witness Request fo	rm
5. Other pertinent notations:	Ugreenint	\	\
I understand, if found guilty, I will b	e subject to imposition of the sancti	ons as outlined in the institutio	nal inmate
disciplinary operational procedure.		Λ \ -	41 11 11
L'arrie Walntro			WIV
(Staff Signature)	(Date & Time)	(Inmaté's \$i	gnature/ ID#)
	W1020	11	
***achment B			

MSP MWP CONTRACT FACILITY:

	Agreement / Waiver / Refusal	Form
	Major/Minor Inmate Disciplinary In	fractions
Agreement 🔀	Waiver to Attend Hearing 🗌	Refusal to Attend Hearing 🗌
Inmate Name: Whitfo	rd Makueryaper	ID#: 30159~11
		ousing Unit: <u>HS V 1</u>
Infraction Number(s) and Desc	ription: 4227. Failure to Refusing orders	abide by disciplinary
Agreement: It is the judg guilty on the violation(s) listed	ment of the DHO/Housing UMT that then above.	
For Sanction Purposes: [Circle (Circle number of prior guilty decisions Sanctions:	the number of prior Major/Minor Infraction Reports: within the timeframe [not each rule violation]. Find grid	level to use by adding current & prior guilty decisions).
PARAMETER STATE OF THE STATE OF		
agreement with the DHO/UMT, ar above, and waive my right to a hed	and accept the sanction(s) offered above for the index by signing it, I understand that this cancludes with any peal.	nfraction(s) listed above. By entering this the disciplinary process for the infraction(s) listed
Inmate Signature:		Date: (/) / /)
☐ Waiver to Attend Discip	linary Hearing: Inmate waives right to	earing and appeal.
Inmate Signature:		Date:/
Refusal to Attend Discip I told Inmate (S)he was advised that the hearing		his/her hearing. (S)he refused/declined to attend. l. (S)he still refused/declined stating:
Inmate Signature:		Date: / /
Officer/Witness Signature:		Date: /
Disciplinary Hearing Officer/	Unit Disciplinary Team Cand	Valetto Date: 1915/23
Administrative Review Signa	ture: / wy minar	Date: 9 603
Copies to: Records (White)	Parole Board-Majors only (Yellow) Ho	ousing Unit (Pink) Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline

STATEO	F MONTANA DEPARTMEN	T OF CODDECTIONS	RECEIVED BY
Made	MWD CONTRACT FACIL	TO CORRECTIONS	SEP 03 2023
MISCIPI IN	ADV INED A CTION DEPORT	ALCONICE OF THE ADDRESS	- U.S 200
DISCH EAR	(Information and staff signatures on this for	NOTICE OF HEARING	415 ₀₇₀ , 2023
•	MWP CONTRACT FACIL ARY INFRACTION REPORT (Information and staff signatures on this form MAJOR MI	NOR	TAMACA.
1. 1			
Last nam	l , Makueeya pee	First Name	10# 2013 441
Date: 1.1.25 Time:	1845 Place of Incident	MCD	
Room/Cell: 402 Housing Infraction Number(s) & Name(s)	Unit: HS(1) Joh	Assignment: Set /above	B-1
Infraction Number(s) & Name(s)	4227 Failure La sticle he	the couditions of	ieci-line
1	disposition 4212 8-E-S	about the second of the	Carlo marg
 1	disposition 4213 Actust	The God and The Control of the Contr	ree Braer /
Staff Witness: 1. C/o Solice	Other In	mates involved 1.	
2.		2.	
Description of Violation: (who well	A malana malana malana an II.	D 11 /	1 , ,
Description of Violation: (who, wha	u, wny, where, when and how):	On the above dat	e and time
affor teturning to the	block after pill pass I/n	Whitford, Makuzey	apre 1/0
Aumber 3015941 (curren	the on call Restriction w	14/9-16-25) got on	he phone
upon returning to the a number 3015441 (curren instead of locking back de	story breaking rule numbe	exturat cell restri	ction, EOR
			MANAGEMENT DESCRIPTION OF THE PROPERTY OF THE
REPORTING STAFF MEMBER:	c/o Justice	Jo 1 1	
	C/o Sustice (Print Name)	Yo foliage (Sign)	Name)
REPORTING STAFF MEMBER: Supervisor Review:			,
Supervisor Review:	(Print Name)	(Sign 1	Name)
		(Sign 1	Name)
Supervisor Review: 'nmate Status:	(Print Name) Pre-Hearing Confinement	(Sign)	Name)
Supervisor Review:	(Print Name)	(Sign 1	Name)
Supervisor Review: Inmate Status: Approval for placement in PHC:	(Print Name) Pre-Hearing Confinement	(Sign)	Name)
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason:	(Print Name) ☐ Pre-Hearing Confinement ☐Medical:	(Sign 1) Release to Previous State Mental Health:	Name) us
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: have reviewed this report for tegibility, completent	(Print Name) Pre-Hearing Confinement Medical: css. correctness of charge, and to ensure all necessary	(Sign in Release to Previous State ☐ Mental Health: ☐ Sessary information is attached (evidence)	Name) us □ Other incident/vitness secorts
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: have reviewed this report for tegibility, completent to.) For placement in Pre-Hearing Confinement, 11 onsidered alternatives to placement in restrictive here.	(Print Name) Pre-Hearing Confinement Medical: css, correctness of charge, and to ensure all necessary to the confinement of	(Sign) Release to Previous State Mental Health: cessary information is attached (evidence no may have on medical and mental health)	Name) US
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Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: have reviewed this report for legibility, completente.) For placement in Pre-Hearing Confinement, I lonsidered alternatives to placement in restrictive homentioned reason. Applied Theorem (1) have received a copy of this notice and have been 1. Hearing Date: 1. Hearing Date: 2. 1 understand the charge(s)?	(Print Name) Pre-Hearing Confinement Medical: cess, correctness of charge, and to ensure all nechave reviewed the impact that restrictive housing, and have determined that separation from the separation of t	(Sign 1) Release to Previous State Mental Health: cessary information is attached (evidence ing may have on medical and mental healton the general inmate population is necessary information of the general inmate population is necessary information. (Warden or Designee Signature) ING ACTION idence at a hearing.	Name) us
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Statement of Incident

Title: Whitford	d cell restriction			Statement #: 9348
Incident Date	: 09/01/2023	Incident Time:	09:45 PM	Statement Date: 09/02/202
Jurisdiction:	Montana State Priso	on		Submission Category: Submitted
Created by:	Justice, Eric - 09/02	/2023	Updated by:	Justice, Eric (CIE425) - 09/02/2023
Incident Scer	ne			
	rred at Facility? Ye	es		***************************************
Location: Mo	ontana State Prison/F	High Side/High Side	Unit 1/D/UPPE	R/2/HUS1 UD day room
Summary of I	Incident			
3015941 (curre and I told him I shower. After t was out of the D for pills, I no block from pill of cell restriction referring to rule and continued minute phone	ently on cell restriction to get it done and let hat I opened all dayr shower, and I asked ticed I/M Whitfords dipass I/M Whitford, won. I C/O Justice remendent on the number two. Then his phone call until acconversation, and I/M	on until 9-16-23) cel me know when he ooms and started p him to send the ne oor still open, and I as witnessed gettin inded I/M Whitford I said "Your funny, approximately 1850	I and asked him was finished. He bill pass. At apprent I/M on cell rest found him in lining on the phone if the rules to wayou know the rule. The phone reco	ned I/M Whitford, Makueeyapees A/O # if he would like to shower. He said yes then went to his cell to get stuff to eximately 1840 I/M Whitford told me he striction to the door. Once we got to Upper e for pills. Shortly after returning to the instead of locking down, breaking rule fou hich he replied, "I am on my fifteen" es. lock down". I/M Whitford ignored me ords show CSN 312050035 having a four- leaving the 10 house and getting on the
phone, time sta Involved Pers	•			
Category	Person	Na	rrative	
Offender Staff	Whitford, Makueey 3015941 Justice, Eric	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Source and D	ocumentation			
Anonymous I	***************************************			
Information S	ource: Staff - Justic	ce, Eric		
Reporting Sta	ff: Justice Eric	/	Tid	tle: Correctional Officer 1
Signature	5//		Da	ite: 9-2-25
Notes				
	ssociated with this li	ncident Statement		
NOTE: Super	visors must revie	w all reports for	accuracy befo	ore signing off
	eview and Remarks	_		
Supervisor Ke	view and Remarks	Reviewed		
**************************************	20		**************************************	
Supervisor Na	ame: <u>15. Cunn</u>	Sylan	Tit	de: Lt
Signature:	ame: B. Conn		Da	ite: <u>9/2/23</u>
Routing List (Place an X next to	o those this repo	ort will be dist	, , ,

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

CELL RESTRICTION RULES

Whitford, Makueeyapee #3015941 has been placed on cell restriction after a disciplinary hearing. The following is a list of the rules for cell restriction. Failure to follow these rules while on restriction will result in another disciplinary report.

Start date: 09/01/2023 @ 0600 End date: 09/16/2023 @ 0600 Total days: 15

THE RULES OF CELL RESTRICTION ARE AS FOLLOWS:

- 1. You are allowed to go to work, school assignment, scheduled medical appointment, treatment appointments, visits, religious activities, and meals.
- 2. You are allowed to shower once per day and when you return from work. You must return immediately to your cell. You have 15 minutes to complete the shower.
- You can leave your cell only to use the shower as approved and when called by the control officer or staff member. No inmate
 other than your cellmate can be at your cell, even to visit with your cellmate. Pick up forms such as OSR & medical kites
 during mass movement.
- 4. Use of the phone is not allowed, unless an emergency exists per MSP policy 5.4.3. "Inmate access to telephones".
- 5. Use of the electronic tablets is prohibited even if another inmate has checked one out.
- 6. If you are observed outside your cell for any reason, a disciplinary infraction report for #4227: Fallure to abide by the conditions of a disciplinary disposition or #4228: Failure to follow written institutional policy, will be issued. ANY SUBSEQUENT VIOLATIONS WILL RESULT DISCIPLINARY INFRACTION REPORT FOR #4213: Refusing to obey a verbal "DIRECT," order/command from any staff member. This may also include placement in PHC.

7. Cell restriction starts and ends at 0600 hrs.

inmate Signature

Date

31.23

Staff Member Print Name:

File copy

STATE	OF MONTANA DEPARTM	TENT OF CORRECTIONS	
	MWP CONTRACT F		
		RT / NOTICE OF HEARING	

	MAJOR 🗷	MINOR	
Inmate Name: Whitte	rd U	is form must be legible) MINOR Mo Luccy a pcc ID# 3015 First Name ont: 150 1 UD	941
Date: 8/21/23 Time	: 1715 Place of Incide	int: Usu 1 110	
Room/Cell: UDZ Housir	ig Unit: HSU 1	Job Assignment: 801-Labor Pool	
Infraction Number(s) & Name(s)	4219- Smoking		
	4234- Baing in an 1	Job Assignment: 801-Labor Pool	
		r Inmates involved 1.	
Staff Witness: 12.	Otto	2.	mass
) O +	
the T C A A and T	at, why, where, when and ho	w): On the above date & 10 black in HSU1. The Whitford where supking paraphernalia	a ppic
# 3015941 Can be 16	culcula virico at l	where smalling and pharmalia	, M
vas found, [10	- I CATERING THE CEN	/ por a pre-role i.i.	í
EUR			,
/////	<u> </u>		/_
<i>{/////////////</i>		<i></i>	
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		_//////	
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<u>'</u>			
REPORTING STAFF MEMBER:	1/ (- /	2/	
REFORTING STAFF WEWIDER.	Kyle Amesan (Print Name)	(Sign Name)	
Supervisor Review:			
_	(Print Name)	(Sign Name) ▼	
Inmate Status:	☐ Pre-Hearing Confineme	nt 🖪 Release to Previous Status 🗌 Other	
Approval for placement in PHC:	☐Medical:	Mental Health:	
Reason:			

I have reviewed this report for legibility, complete etc.) For placement in Pre-Hearing Confinement	ness, correctness of charge, and to ensure a	ill necessary information is attached (evidence, incident/witness repo housing may have on medical and mental health conditions exhibited	rts,
considered alternatives to placement in restrictive	housing, and have determined that separation	on from the general inmate population is necessary due to the above	
mentioned region	6/21/22	1	1
(Shift Supervisor's Signature)	$\frac{\mathcal{E}'\mathcal{H}'\mathcal{F}\mathcal{F}}{(Date)}$	(Warden or Designee Signature) (De	
(Sinti Supervisor & Signature)	NOTICE OF HEARING/PREHE		ite)
I have received a copy of this notice and have be	en informed of my right to attend and prese		
1. Hearing Date: / / 2. I understand the charge(s)? Yes N	Time:hrs. Place:hrs. Place:hrs. Place:hrs.	ne inmate)	***
3. I waive my right to a hearing? Yes N	o (if yes, have inmate sign an Agreement/V	Vaiver/Refusal form)	
Present evidence and witnesses on my beha Other pertinent notations:	II. Tres Lino II inmate has witnesses, l	have him/her complete a Witness Request form	
I understand, if found guilty, I will b	e subject to imposition of the san	ections as outlined in the institutional inmate	
disciplinary operational procedure.	,		
(A) (C)			
(Staff Signature)	(Date & Tin	ne) (Inmate's Signature / ID#)	

C/C A PEL / A M		OT CORD PIONS	RECEIVED BY
SIAIE OI	F [†] mĴNTANA DEPARTMENT MWP ☐ CONTRACT FACILI	OF CORRECTIONS	MAR 1 3 2023
	RY INFRACTION REPORT		DIO::-
DISCIPLINA	(Information and staff signatures on this form	must be legible)	DISCIPLINARY
		OR 🗌	
Inmate Name: Inhit-ford	٨	Na Kun 1500	ID#3/15941
Last name		Makueeyapee First Name	10 " 3010 1 1
	Place of Incident:	≤ A ∪	
Room/Cell: LG\ Housing	Unit: SAU Job A	Assignment: <u>99999-01</u>	assigned
Infraction Number(s) & Name(s)	213-Refusing to imm	ediately obey a 1	verbal "dined"
<u>Ø</u>	rder/command from an	y staff member	
Staff Witness: 1. 40 Delama	tor Other Inn	nates involved 1.	
2		2.	
Description of Violation: (who, wha		On the chair	لموم محمل
Description of Violation. (who, wha	Eat Shine could	amada Whitford N	l a direct
approximate time I order at his cell do	or to turn around	and cuff up. 1	Im Whitford
Said 14 Mas Suspice	love we wanted to	Sparch his cell	and he would
not let us. EOR			
		 ,	
			<u> </u>
·		<u> </u>	
			
REPORTING STAFF MEMBER:	- n	· · · · · · · · · · · · · · · · · · ·	-
REPORTING STAFF MEMBER.	Sgt. Shine (Print Name)	Lgt. Jhin	Name)
	Sgt. Shine (Print Name)	Sgt. Shin	Name)
Supervisor Review:	Sgt. Shive (Print Name)		Name)
Supervisor Review:	·		Name)
Supervisor Review: _	(Print Name) Pre-Hearing Confinement	(Sign	Name)
Supervisor Review: _	(Print Name)	(Sign	Name)
	(Print Name) Pre-Hearing Confinement	(Sign	Name)
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason:	(Print Name) Pre-Hearing Confinement Medical:	(Sign	Name) utus
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completened of the confinement. I	(Print Name) Pre-Hearing Confinement Medical: ess, correctness of charge, and to ensure all nechare reviewed the impact that restrictive housing	(Sign Release to Previous Sta	i Name) Itus
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason:	(Print Name) Pre-Hearing Confinement Medical: ess, correctness of charge, and to ensure all nechare reviewed the impact that restrictive housing	(Sign Release to Previous Sta	i Name) Itus
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Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive in mentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have been a learning Date: 1. Hearing Date: 2. I understand the charge(s)? 3. I waive my right to a hearing? Yes South and the periment notations: I understand, if found guilty, I will be disciplinary operational procedure.	(Print Name) Pre-Hearing Confinement Medical: Dess, correctness of charge, and to ensure all new have reviewed the impact that restrictive housing and have determined that separation from the confinement of my right to attend and present entires. NOTICE OF HEARING/PREHEAR entires informed of my right to attend and present entires. Time: Thrs. Place: Offino, verbally explain the charge(s) to the interpretation of the sanction of the san	(Sign Release to Previous State Release to Previous State Release to Previous Release	itus

540 540 STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name:
Plea: Guilty
Inmate's Statement: I'm Gritty but I want to get it dropped to Minus
Evidence Provided:
Findings: A Guilty of # 4/0/3 Not Guilty of # Evidence Relied On: Tw Faction Report / Email 5
~ 3-4213
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3 (Circle number of prior guilty desisions within the timefreque [not each rule violation]. Find grid level to use by adding current & prior guilty desisions). Sanction(s): Doug 5 Devolution Space 5 Sentence 5 Sente
Description of the Continue of
Reason(s) for findings, of tender thetisod to shey Wirect porders from staff
7/22/2023 O/a/m
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Inmate's Signature / ID#: Una h/e to Ugn Sg. 13 Rubovallel Carro
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline



Statement of Incident

Title: Inmate Whitford, M Cell Search		Statement #:	86049
Incident Date: 03/10/2023 Incident Time:	08:10 PM	Statement Date:	03/10/2023
Jurisdiction: Montana State Prison		Submission Category:	Submitted
Created by: Shine, Michael - 03/10/2023	Updated by:	Shine, Michael (CIE528) - 03/	10/2023
Incident Scene	1		•
Incident Occurred at Facility? Yes	· · ·		
Location: Montana State Prison/High Side/Secure A	djustment Unit/0	G/LOWER/1	
Summary of Incident		<u> </u>	
On the above date and approximate time I Sergeant S Ao: 3015941 cell door and told him to come to the foo "why" and was told "we are conducting cell searches head and stated "he was not gonna cuff up and let us do so. I Sgt. Shine then told the inmate that I am givin could come in and search his cell. I/m Whitford still ref EOR	d hatch, turn arc so turn arcund a search his cell t g him a direct o	ound, and cuff up. Inmate Whitf and cuff up." Inmate Whitford sl because we did not have enoug der to turn around and cuff up	ord asked hook his gh reason to so that we
Involved Persons		· · · · · · · · · · · · · · · · · · ·	
	rrative		
Staff Shine, Michael Se Offender Whitford, Makueeyapee - Inr 3015941			
Source and Documentation			
Anonymous Informant: No		,	
Information Source: Staff - Shine, Michael	_		
Reporting Staff: Shine, Michael	Т	itle: Correctional Sergeant	
Signature:		ate: <u>3/10/33</u>	
Notes			
No Notes are associated with this Incident Statement		,	
NOTE: Supervisors must review all reports for	· accuracy bel	ore signing off	
Supervisor Review and Remarks: Whit Face	will be so	- shed for a man if	Le set
he will be locked up PHCD			
Supervisor Name: B. Saltear		itle:	
Signature:	D	ate: <u>3-10-23</u>	
Routing List (Place an X next to those this rep	ort will be dis	tributed to):	• ,*
Helena Office Sec	curity Major	Medical	
MSP Duty Officer Unit	t Manager	Maintena	ınce
Warden or Designee Con	nmand Post	Investiga	tor's Office
		MCE	an

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: cell searching		Statement #:	86051
Incident Date: 03/10/2023 Incident Time	e: 08:10 PM	Statement Date:	03/10/2023
Jurisdiction: Montana State Prison		Submission Category:	Draft
Created by: Delamater, Tyler - 03/10/2023	Updated by:	Delamater, Tyler (CID965) - 03/10/2023	
ncident Scene			
Incident Occurred at Facility? Yes			
Location: Montana State Prison/High Side/Secure	e Adjustment Unit/0	G/LOWER/1/SAU, LG1	
Summary of Incident	<u> </u>		
On the above date and time I (C.O delamater) and we got to the door, Sgt shine told Inmate Whitford# cuff up. With that Whitford asked for a reason. Shin Inmate Withford refused to cuff up and sergeant Sh Sergeant Shine gave him a direct order to turn arounts going to be a wright up and we left the block.	3015941 that we was said there is no raine tried to convince the tried to convince the same tried the same tried to convince the same tried tried to convince tried t	rere going to search his cell and reason were doing random cell s ce to do as instructed. He still re	for him to searches. fused and
EOR. Involved Persons			
Category Person	Narrative		
Staff Shine, Michael	sergeant giving a continuate refusing a		
Source and Documentation			
Anonymous Informant: No			
Information Source: Staff	_		
Reporting Staff: Delamater, Tyler	T	itle:	
Signature: Dellanate	D	ate: <u>3/10/03</u>	
Notes			
No Notes are associated with this Incident Stateme	ent		
NOTE: Supervisors must review all reports	for accuracy bef	ore signing off	
Supervisor Review and Remarks:			
Supervisor Name:	т	itle:	
Signature:	,	ate:	
Routing List (Place an X next to those this r			
	Security Major	Medical	
	Jnit Manager	Maintena	nce
			· -

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



C.		RECEIVED BY
· · ·	STATE OF MONTANA DEPARTMENT OF CORRECTION MSP MWP CONTRACT FACILITY:	OCT 0 4 2022
DIS	SCIPLINARY INFRACTION REPORT / NOTICE OF HEAR	
	(Information and staff signatures on this form must be legible)	ING DISCIPLINARY
	MAJOR MINOR [
Inmate Name:	Last name Making First Name First Name	_ ID# 3015941
Data 18 /2 /-	Last name First Name	
Room/Cell: 1.06	Time: 730 Place of Incident: RHU Housing Unit: PUI	<u> </u>
Infraction Number(s) & Na	Housing Unit: RHU Job Assignment: 99999 Jame(s) 4228 - Failure to Oney written policy Open	when Procedus
	4211-Stealing	
Staff Witness: 1.	Other Inmates involved 1	
2.	Other Inmates involved 1 2.	
Description of Violation: 6	(who, what, why, where, when and how): On the above	
time while monit	troing change calls It was of I I I the	e date and
# 3015941 had V	Horing phone calls. It was determined that	other inmoves account
information to place	cr. phone colls. CSN307183505 8071177050	C 1/7,711 7747
C3/0 30/16/30/ C5	<u> </u>	CSN TATI SMOJZ
another immedia	of the above inmate had violated 4211-Stea account balance to place calls, COR	ling by utilizing
Divides ?	acceptive isalance To place Calls, LOK	
REPORTING STAFF MEN	MDED.	
KLIOKIINO SIATI MER	(Print Name)	(Sign Name)
Supervisor Review:		(organ reality)
nmata Status	(Print Name)	(Sign Name)
nmate Status:	☐ Pre-Hearing Confinement ☐ Release to Previous	us Status 🔲 Other
Approval for placement in Pl	PHC:	
Danasa		
Reason:		
house equipment this C 1 " "		
c.) I or pracement in ric-ricaring Cor	ty, completeness, correctness of charge, and to ensure all necessary information is attached (onfinement, I have reviewed the impact that restrictive housing may have on medical and me a restrictive housing, and have determined that separation from the general inmate population	mial boulth and distance and this is
onsidered alternatives to placement in	numeritems, I have reviewed the impact that restrictive housing may have on medical and me a restrictive housing, and have determined that separation from the general inmate population	mial boulth ann distance and this is
onsidered alternatives to placement in	restrictive housing, and have determined that restrictive housing may have on medical and me a restrictive housing, and have determined that separation from the general inmate population where the separation from the general inmate population from the general inmate p	ental health conditions exhibited, n is necessary due to the above
considered alternatives to placement in tentioned reason. (Shirt Supervisor's Signature	normalistic in the reviewed the impact that restrictive housing may have on medical and me a restrictive housing, and have determined that separation from the general inmate population (Warden or Designee S NOTICE OF HEARING/PREHEARING ACTION	ental health conditions exhibited, n is necessary due to the above
(Shift Supervisor's Signature I have received a copy of this notice a 1. Hearing Date: / /	notinement, I have reviewed the impact that restrictive housing may have on medical and may restrictive housing, and have determined that separation from the general inmate population with the general inmate population of the gener	ental health conditions exhibited, n is necessary due to the above
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I have received a copy of this notice a 1. Hearing Date: / / 2. I understand the charge(s)? 3. I waive my right to a hearing? 4. Present evidence and witnesses o 5. Other pertinent notations:	normalistic interest. I have reviewed the impact that restrictive housing may have on medical and may restrictive housing, and have determined that separation from the general inmate population. 1	ignature) (Date)
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I have received a copy of this notice a 1. Hearing Date: / / 2. I understand the charge(s)? 3. I waive my right to a hearing? 4. Present evidence and witnesses o 5. Other pertinent notations: I understand, if found guilty,	nonlinement, I have reviewed the impact that restrictive housing may have on medical and may restrictive housing, and have determined that separation from the general inmate population of the separation from the general inmate population of the separation from the general inmate population of the separation of the separation from the general inmate population of the separation of the separation of the separation from the general inmate population of the separation of the separation of the separation from the general inmate population of the separation of the separation from the general inmate population from the general inmate population of the separation from the general inmate population of the separation from the general inmate population of the separation from the general inmate population from th	ignature) (Date)

MSP 3.4.1, Institutional Discipline

STATE OF MO	NTANA DEPARTMENT OF CORC	TIONS		
MSP MWP	CONTRACT FACILITY:	····		
Aş	greement / Waiver / Refusal Form			
Majo	r/Minor Inmate Disciplinary Infractions	v.		
<i>-</i>	Vaiver to Attend Hearing [Hearing 🗌
Inmate Name: Whit ford V	Nakule Japee 3955 Housing Unit:	1D#: <u>3</u>	01591	J17
Date: 10 /06 /22 Time:	3955 Housing Unit:_	RHL	ι	
Infraction Number(s) and Description: 42	22813,3.7) Policy Violatio	ب ا	1311	-
Agreement: It is the judgment of th guilty on the violation(s) listed above.	e DHO/Housing UMT that there is sufficien	t evidence	for a fin	ding of
(Circle number of prior guilty decisions within the time	prior Major/Minor Infraction Reports: 1 2 3 frame [not each rule violation]. Find grid level to use by ad	ding current	& prior guil	ty decisions).
			-	
I wish to enter into an Agreement and accept the agreement with the DHO/UMT, and by signing above, and waive my right to a hearing and applications and signature:	ne sanction(s) offered above for the infraction(s) list it, I understand that this concludes the disciplinary peal.	process fo	r the infra	g this ction(s) listed 6 / 22
☐ Waiver to Attend Disciplinary He	aring: Inmate waives right to hearing and	appeal.		
Inmate Signature:		_ Date:_	/	
☐ Refusal to Attend Disciplinary He	aring:		·	
I told Inmate (S)he was advised that the hearing would proce	that it was time for his/her hearing eed on the basis of evidence provided. (S)he still re	g. (S)he ref fused/decli	used/declin ned stating	red to attend.
				
Inmate Signature:		_ Date:_	/	
Officer/Witness Signature:			Date: <u>/</u>	/
Disciplinary Hearing Officer/Unit Disciplinary	plinary Polam Carri Walter		Date: 👠	0106122
Administrative Review Signature:	(USSAN MO TUBS		Date: <u>/ /</u> /	14/02
Copies to: Records (White) Parole Bo	ard-Majors only (Yellow) Housing Unit (I	Pink) I	nmate (Go	oldenrod)

Attachment G

чт. MSP 3.4.1, Institutional Discipline

,	•	**RECEN
STATE O	F MONTANA DEPARTMENT OF CO	RECTIONS JUL 20 2022 OF HEARING OF HEARING
	MWP CONTRACT FACILITY:	DISC 2022
<u>DISCIPLIN</u>	ARY INFRACTION REPORT / NOTICE (Information and staff signatures on this form must be legit	OF HEARING
	MAJOR MINOR MINOR □	ile)
Inmate Name: Whith	Makuzeya	D# 3015941
Date: 7 ~ 19 ~ 2022 Time:	2950 Place of Incident: KP	
Room/Cell: \ Housing Infraction Number(s) & Name(s)		n: 9999 UNASSIGNED
	A DA 1947/Y DANNA CLAR	CAMILION WALLOW FLATA
Staff Witness: 1.	Other Inmates invo	had 1 . 11/2 7 300///
2	Other Inmates invo	Ived 1. Walker J. 3006664
Description of Violation: (who, wha	at, why, where, when and how): \(\sigma \)	ourt of an
invostigation	That dutes back	to the beginning
of Tune Logg	inmets white	has made schold
Pronse Ros	another invates	A Jute account
20+ , 672 min	these unauthoriz	2d (a) 5
alo Trathy alo	o part an month	orized call on
-3×11-4024 -73	- WE ! ! !	
		10,0,1
<u> </u>		
REPORTING STAFF MEMBER:	Ron McDanald	, MC,
	Ron McDanald (Print Name)	(Sign Name)
REPORTING STAFF MEMBER: Supervisor Review:		(Sign Name)
	(Print Name)	
Supervisor Review:	(Print Name) (Print Name) ☐ Pre-Hearing Confinement ☐ Relea	(Sign Name) se to Previous Status □ Other
Supervisor Review: Inmate Status: Approval for placement in PHC:	(Print Name) (Print Name) ☐ Pre-Hearing Confinement ☐ Relea	(Sign Name)
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason:	(Print Name) (Print Name) (Print Name) Pre-Hearing Confinement	(Sign Name) se to Previous Status ☐ Other al Health:
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen etc.) For placement in Pre-Hearing Confinement. I	(Print Name) (Print Name) ☐ Pre-Hearing Confinement ☐ Relea	(Sign Name) se to Previous Status Other al Health: ntion is attached (evidence, incident/witness reports, no medical and mental health conditions axhibited
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen etc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive he	(Print Name) (Print Name) (Print Name) (Pre-Hearing Confinement	(Sign Name) se to Previous Status Other al Health: ntion is attached (evidence, incident/witness reports, no medical and mental health conditions axhibited
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature)	(Print Name) (Print Name) (Print Name) Pre-Hearing Confinement Released Medical: Mentaless, correctness of charge, and to ensure all necessary informations have reviewed the impact that restrictive housing may have occurring, and have determined that separation from the general 1922 (Date) (Ward	(Sign Name) se to Previous Status Other al Health:
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen etc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive himentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have been	(Print Name) (Print Name) (Print Name) Pre-Hearing Confinement Released	(Sign Name) se to Previous Status Other al Health:
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen etc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive hementioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have been 1. Hearing Date: / / - 2.1 understand the charge(s)?	(Print Name) (Mand Medical: (Mand Notice of Hearing Confinement (Ward Notice of Hearing/Prehearing Action informed of my right to attend and present evidence at a her Time: (If no, verbally explain the charge(s) to the inmate)	(Sign Name) se to Previous Status Other al Health:
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen etc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive hementioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have been 1. Hearing Date: 1. Hearing Date: 2. 1 understand the charge(s)? Yes No. 3. 1 waive my right to a hearing? Yes No. 4. Present evidence and witnesses on my behalf	(Print Name) (Print Name) (Print Name) Pre-Hearing Confinement Released Medical: Mentaless, correctness of charge, and to ensure all necessary informations are reviewed the impact that restrictive housing may have of cousing, and have determined that separation from the general Date (Ward Notice of Hearing/Prehearing Action informed of my right to attend and present evidence at a hearing in the service of the place:	(Sign Name) se to Previous Status Other al Health:
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen etc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have been 1. Hearing Date: / / - / - / - / - / - / - / - / - / -	(Print Name) (Mand Medical: (Mand Medical: (Mand Motical: (Date) (Ward NOTICE OF HEARING/PREHEARING ACTIC In informed of my right to attend and present evidence at a her Time: Ins. Place: (If yes, have inmate sign an Agreement/Waiver/Refusal form If yes \(\subseteq No If inmate has witnesses, have him/her completed in the completed in the completed in the completed in the charge (s) to the immate).	(Sign Name) se to Previous Status Other al Health:
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen etc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have been 1. Hearing Date: / / - / - / - / - / - / - / - / - / -	(Print Name) (Medical: (Medical: (Mentalized Medical: (Mentalized Medical: (Mentalized Medical: (Print Name) (Mentalized Medical: (Mentalized Medical: (Print Name) (Print Name) (Medical: (Mentalized Medical: (Mentalized Medical: (Mentalized Medical: (Mentalized Mentalized Mentalize	(Sign Name) se to Previous Status Other al Health:
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen etc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have been 1. Hearing Date: / / - 2. 1 understand the charge(s)? Yes No 4. Present evidence and witnesses on my behalf 5. Other pertinent notations: I understand, if found guilty, I will be disciplinarly operational procedure.	(Print Name) (Mand Notice of Charge, and to ensure all necessary informations may have of cousing, and have determined that separation from the general possing, and have determined that separation from the general possing, and have determined that separation from the general possing, and have determined that separation from the general possing, and have determined that separation from the general possing, and have determined that separation from the general possing, and have determined that separation from the general possing, and have determined that separation from the general possing, and have determined that separation from the general possing possin	(Sign Name) se to Previous Status Other al Health: dition is attached (evidence, incident/witness reports, in medical and mental health conditions exhibited, inmate population is necessary due to the above (Date) ON aring. Other (Date) One or Designee Signature) (Date) ON aring. One of the institutional inmate
Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen etc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have been 1. Hearing Date: 2. 1 understand the charge(s)?	(Print Name) (Mand Medical: (Mand Medical: (Mand Motical: (Date) (Ward NOTICE OF HEARING/PREHEARING ACTIC In informed of my right to attend and present evidence at a her Time: Ins. Place: (If yes, have inmate sign an Agreement/Waiver/Refusal form If yes \(\subseteq No If inmate has witnesses, have him/her completed in the completed in the completed in the completed in the charge (s) to the immate).	(Sign Name) se to Previous Status Other al Health:

MSP 🚺	MWP 🗌	CONTRACT FACILITY:
(LSC)		

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

	Major/Minor inmate Discipinal	ry intractions	
Agreement [Waiver to Attend Hearing	Re	fusal to Attend Hearing 🗌
Inmate Name: Whitfur	J, Makueryapee	ID #	4: 30(594)
Date: 7 101 100	Time: 0925	Housing Unit:	RH1)
Infraction Number(s) and Descri	D, Makveeyayae Time: 6925 ription: 4233 Unawth	urized Comm	nunication
Agreement: It is the judg guilty on the violation(s) listed	ment of the DHO/Housing UMT that l above.		5
For Sanction Purposes: [Circle (Circle number of prior guilty decisions Sanctions: #254, 404	the number of prior Major/Minor Infraction Reposition in the simple frame (not each rule violation). Find	orts: 1 2 3 4 d grid level to use by adding i	Grid Level to Use:
	and accept the sanction(s) offered above for ad by signing it, I understand that this concluring and appeal.		
Inmate Signature:	In Kill	I	Date: 7 21 123
☐ Waiver to Attend Discip	linary Hearing: Inmate waives righ	to bearing and anne	al
-		0 11	Date: / /
		\	Date
Refusal to Attend Discip	linary Hearing:		
I told Inmate (S)he was advised that the hearing	that it was time would proceed on the basis of evidence pro	e for his/her hearing. (S) vided. (S)he still refused	he refused/declined to attend. Vdeclined stating:
Inmate Signature:		I	Date:/_/
Officer/Witness Signature:		A	Date:///
Disciplinary Hearing Officer/	Unit Disciplinary Team	oly	Date:/7/2/22
Administrative Review Signat	ure: Myon	<u> </u>	Date: <u>D/25/2</u> 2
Copies to: Records (White)	Parole Board-Majors only (Yellow)	Housing Unit (Pink)	Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline

SIAIE	SALE AND A DED A DED ATTA	TE OF GOD! PROMG	RECEIVED BY
	IT IVIONTANA DEPARTMEN MWP		JUI AF
-	MWP CONTRACT FACI ARY INFRACTION REPORT	/NOTICE OF HEADING	JUL 05 2022
DISCH DE	(Information and staff signatures on this for	m must be legible)	DISCIPLINARY
		INOR 🗌	· 1/(y
Inmate Name: Whitton	d m	akueyapee	ID# <u>301594</u>
Date: 7/5/2022 Time:	0039- Place of Incident:	Teer Lodge Medic	d center
Infraction Number(s) & Name(s)	111-assoulting state	Assignment:	
-			
Staff Witness: 1. Journ, Tex.	Other Ir	imates involved 1.	
Description of Violation: (who, who	at, why, where, when and how):		at and
approximate time, I	CO Pucinifi was	assented by I	m Whitten
	altrospring to perp	2/m Whitere	le spit hos
The wall # OR	ne in the ribs an	d ottempted to pu	in me into
and walk and it			
			
			_
REPORTING STAFF MEMBER:	Riceinell	Pulia li	
	Riceinelli (Print Name)	Perinelli (Sign N	(arne)
			<u> </u>
Supervisor Review:	(Print Name)	(Sign N	ame)
Supervisor Review: Inmate Status:	(Print Name) (Print Name) □ Pre-Hearing Confinement		ame)
Supervisor Review: Inmate Status:	(Print Name)	(Sign N	ame)
REPORTING STAFF MEMBER: Supervisor Review: Inmate Status: Approval for placement in PHC: Reason:	(Print Name) (Print Name) □ Pre-Hearing Confinement	(Sign N	ame)
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completentetc.) For placement in Pre-Hearing Confinement, Il considered alternatives to placement in restrictive here.	(Print Name) (Print Name) □ Pre-Hearing Confinement □ Medical: □ ess, correctness of charge, and to ensure all necessary that restrictive hours	(Sign N Release to Previous Statu Mental Health: cessary information is attached (evidence,	incident/witness reports,
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenetc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive himmitioned reason.	(Print Name) (Print Name) □ Pre-Hearing Confinement □ Medical: □ ess, correctness of charge, and to ensure all necessary that restrictive hours	(Sign N Release to Previous Statu Mental Health: cessary information is attached (evidence,	incident/witness reports,
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completencete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature)	(Print Name) (Print Name) Pre-Hearing Confinement Medical: ess, correctness of charge, and to ensure all ne have reviewed the impact that restrictive hous pusing, and have determined that separation from the confined that separation from th	(Sign N Release to Previous Statu Mental Health: cessary information is attached (evidence, ing may have on medical and mental health om the general inmate population is necessification (Warden or Designee Signature)	incident/witness reports, h conditions exhibited, sary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenetc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice first payor to 1. Hearing Date: 1. Hearing Date: 1. Hearing Date: 1. Hyes Tho	(Print Name) (Print Name) (Print Name) Pre-Hearing Confinement Medical: ess, correctness of charge, and to ensure all ne have reviewed the impact that restrictive hous busing, and have determined that separation from the confinement of the principal of the	(Sign N Release to Previous Statu Mental Health: cessary information is attached (evidence, ing may have on medical and mental health om the general inmate population is necess (Warden or Designee Signature) ING ACTION vidence at a hearing	incident/witness reports, h conditions exhibited, sary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenct.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice fair lawy to 1. Hearing Date:	(Print Name) (Print Name) (Print Name) Pre-Hearing Confinement Medical: ess, correctness of charge, and to ensure all ne have reviewed the impact that restrictive house pusing, and have determined that separation from the configuration of the configuration of the configuration of the charge of the charge of the configuration of the charge of the	(Sign N Release to Previous Statu Mental Health: cessary information is attached (evidence, ing may have on medical and mental health om the general inmate population is necess (Warden or Designee Signature) ING ACTION vidence at a hearing ACTION vidence at a hearing	incident/witness reports, h conditions exhibited, sary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completencetc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature) (Shift Supervisor's Signature) I have received a copy of this notice fail have tell in the complete of the comp	(Print Name) (Print Name) (Print Name) Pre-Hearing Confinement Medical: ess, correctness of charge, and to ensure all ne have reviewed the impact that restrictive house pusing, and have determined that separation from the configuration of the configuration of the configuration of the charge of the charge of the configuration of the charge of the	(Sign N Release to Previous Statu Mental Health: cessary information is attached (evidence, ing may have on medical and mental healthom the general inmate population is necess (Warden or Designee Signature) ING ACTION vidence at a hearing cer/Refusal form) him/her complete a Witness Request form	incident/witness reports, h conditions exhibited, sary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenetc.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice for have to 1. Hearing Date: 1. Hearing Date: 2. I understand the charge(s)? 3. I waive my right to a hearing? 4. Present evidence and witnesses on my behalf 5. Other pertinent notations:	(Print Name) (Print Name) (Print Name) Pre-Hearing Confinement Medical: ess, correctness of charge, and to ensure all ne have reviewed the impact that restrictive house pusing, and have determined that separation from the confidence of the print of the charge of the print of the	(Sign N Release to Previous Statu Mental Health: cessary information is attached (evidence, ing may have on medical and mental healthom the general inmate population is necess (Warden or Designee Signature) ING ACTION vidence at a hearing cer/Refusal form) him/her complete a Witness Request form	incident/witness reports, h conditions exhibited, sary due to the above
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MSP 3.4.1, Institutional Discipline

Nan Et	STATE OF MONTANA DEPARTMENT OF CO	DRRECTIONS
MSP 🕰	MWP CONTRACT FACILITY: DISCIPLINARY HEARING 1	DECISION
Inmate's Name: While Infraction Number(s) & Name	tood Makuerya peo In	OR [] 0. # 30.15GU[Date: 67/07/2022]
☐ I do understand the vi		E VIOLATION – ADDITIONAL ACTION TAKEN
Continuance granted to Dat		
Reason:		
Plea: ☐ Guilty ☐ No Inmate's Statement:	ot Guilty DOther: Warvech	Right to Hearing
Evidence Provided:		
——————————————————————————————————————		
Findings: Guilty of a Evidence Relief On:	# <u>4///</u> □ Not Gu	ilty of #
Evidence Rened On.	K. Boart / T. I	1000
- FATTIGE	HON THEYORY ! +NORCHAN	of Report
		
	e the number of prior Major/Minor Infraction Reports:	
(Circle number of prior guilty decis	e the number of prior Major/Minor Infraction Reports:	1 2 3 4 5 Grid Level to Use: 3 d level to use by adding current & prior guilty decisions).
		1 2 3 4 5 Grid Level to Use: 3 d level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decis		1 2 3 4 5 Frid Level to Use: 3 d level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decis Sanction(s): 50,0		1 2 3 4 5 1 Grid Level to Use: 3 d level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decis	ions within the timeframe [not each rule violation]. Find grid	1 2 3 4 5 Grid Level to Use: 3 d level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decis Sanction(s): 50,0	ions within the timeframe [not each rule violation]. Find grid	1 2 3 4 5 Grid Level to Use: 3 d level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decis Sanction(s): 50,0	ions within the timeframe [not each rule violation]. Find grid	1 2 3 4 5 Strid Level to Use: 3 d level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decis Sanction(s): 50,0	ions within the timeframe [not each rule violation]. Find grid	1 2 3 4 5 Grid Level to Use: 3 d level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decis Sanction(s): 50,0	assay 148 5+6 ff / 9	1 2 3 4 5 Strid Level to Use: 3 d level to use by adding current & prior guilty decisions). The Arms officer / Unit disciplinary team
Reason(s) for findings: ADMINISTRATIVE REVIEW / DAT I understand, that I may app ap appeal, I must submit a c	eal the decision of the Disciplinary Hearings ompleted appeal form to the Disciplinary He	HEARINGS OFFICER/UNIT DISCIPLINARY TEAM Officer to the Warden. In order to file earings Officer within 15 days from today.
Reason(s) for findings: Of the field ADMNISTRATIVE REVIEW / DAT I understand, that I may app an appeal, I must submit a c I DO WISH TO APPEAL	eal the decision of the Disciplinary Hearings ompleted appeal form to the Disciplinary He (Major decisions only) because (1) there is in	HEARNGS OFFICER/UNIT DISCIPLINARY TEAM Sofficer to the Warden. In order to file earings Officer within 15 days from today. Insufficient evidence and documentation to
Reason(s) for findings: Of the field ADMNISTRATIVE REVIEW / DAT I understand, that I may app an appeal, I must submit a c I DO WISH TO APPEAL	DISCIPLINARY Disciplinary Hearings ompleted appeal form to the Disciplinary He in its in licable disciplinary procedures were not followed.	HEARNGS OFFICER/UNIT DISCIPLINARY TEAM Sofficer to the Warden. In order to file earings Officer within 15 days from today. Insufficient evidence and documentation to
Reason(s) for furdings: O TENCLY ADMINISTRATIVE REVIEW/DAT I understand, that I may app an appeal, I must submit a c I DO WISH TO APPEAL support the finding; (2) app not proportionate to the rule of I DO NOT WISH TO APP	DISCIPLINARY Deal the decision of the Disciplinary Hearings ompleted appeal form to the Disciplinary He (Major decisions only) because (1) there is in licable disciplinary procedures were not followiolation(s).	HEARINGS OFFICER/UNIT DISCIPLINARY TEAM Officer to the Warden. In order to file sarings Officer within 15 days from today. In sufficient evidence and documentation to lowed; (3) the sanction(s) imposed are
Reason(s) for fundings: Other Control of the Contr	DISCIPLINARY Deal the decision of the Disciplinary Hearings ompleted appeal form to the Disciplinary He (Major decisions only) because (1) there is in licable disciplinary procedures were not followiolation(s).	HEARINGS OFFICER/UNIT DISCIPLINARY TEAM Officer to the Warden. In order to file sarings Officer within 15 days from today. In sufficient evidence and documentation to lowed; (3) the sanction(s) imposed are
Reason(s) for furdings: O TENCLY ADMINISTRATIVE REVIEW/DAT I understand, that I may app an appeal, I must submit a c I DO WISH TO APPEAL support the finding; (2) app not proportionate to the rule of I DO NOT WISH TO APP	DISCIPLINARY Deal the decision of the Disciplinary Hearings ompleted appeal form to the Disciplinary He (Major decisions only) because (1) there is in licable disciplinary procedures were not following to the Disciplinary He expectation of the Disciplinary He (Major decisions only) because (1) there is in licable disciplinary procedures were not following the disciplinary procedures were not follow	HEARINGS OFFICER/UNIT DISCIPLINARY TEAM Officer to the Warden. In order to file sarings Officer within 15 days from today. In sufficient evidence and documentation to lowed; (3) the sanction(s) imposed are





Statement of Incident

Title:	Whitford,	Makueeypee		•	Statement #:	76367
Incide	nt Date:	07/05/2022	Incident Time:	12:40 AM	Statement Date:	07/05/2022
Jurisdi	iction: N	Montana State Prisor	ı		Submission Category:	Submitted
Inciden	nt Scene	•		•		
Incider	nt Occur	red at Facility? Yes	S '			
Locatio	on: Mon	tana State Prison/De	eerlodge medical o	center		
Summa	ary of In	cident		v .	•	
I/M Whi to get h know, s	itford, Ma nim to cor so that the rm. I requ	akueeypee AO# 301 nply. I stated that if t ey could return him t	5941 was being ur he inmate is not b o MSP. Inmate W	ncooperative and eing compliant th hitford was place	Puccinelli at DLMC. He reporte I that he had a use of force on nen they needed to let the med ad back in RHU safe cell for his se of force packet and incident	the inmate dical staff s previous
Involve	d Perso	ons				
Catego		Person	Na	rrative	2	
Staff		Derieux, Gabriel				
Staff		Downs, David				
Staff		Strey, Heather				
Offende		Whitford, Makueeya 3015941	pee - 		,	
Source	and Do	cumentation			·	
Anonyı	mous Inf	formant: No		-		
Informa	ation So	urce: Staff - Thornt	on, Warren			
Report	ing Staff	Thornton, Wa	rren	Tit	le: Correctional Sergeant	
Signate	ure:	55 f 12	ht	Da	te: <u>7/5/202</u> 2	<u>-</u>
Notes					· · · · · · · · · · · · · · · · · · ·	,
No Note	es are as	sociated with this In-	cident Statement		_	
NOTE:	Supervi	isors must review	all reports for	accuracy befo	ore signing off	
Superv	risor Rev	riew and Remarks:	. `	:		
•						
Superv	isor Nan	ne: <i>M MA</i>	hoy	Tit	ie: 6T	
Signatu	ure: <u>ん</u>	. Ulbi	Martho	Da	te: <u>7.05.2027</u>	· · · · · · · · · · · · · · · · · · ·
Routing	g List (P	lace an X next to	those this repo	rt will be distr	ributed to):	<u>. </u>
	Helena	Office	Secu	inty Major	Medical	
	MSP-D	uty Officer	Unit	Manager ,	Maintena	nce
	Warden	or Designee	Com	mand Post	Investigat	or's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: Whitford,	M. #3015941			Statement #: 763
Incident Date:	07/05/2022	Incident Time:	12:35 AM	Statement Date: 07/05/20
Jurisdiction: M	Montana State Prisor	1		Submission Category: Submitted
Incident Scene	•			
Incident Occur	red at Facility? Yes	3		
Location: Mon	tana State Prison/Th	ne incident occurr	ed at the emerger	ncy room at Deer Lodge Medical Center
Summary of In	cident			
hood off. Correct and kept trying to prevent inmate to Pucinelli doubled Inmate Whitford	tional officer Puccine o take the spit hood Whitford from taking d his fist and hit inma told me to tell office	elli told inmate W off. Officer Pucci off the spit hood. ate Whitford in the	hitford to keep the nelli grabbed the r Inmate Whitford I e chest. I Officer E	ee #3015941 was trying to take his spit spit hood on. Inmate Whitford resisted estraints on inmate Whitford's wrists to kneed Officer Puccinelli in the ribs. Office Downs told inmate Whitford to stop. In deescalated.
Involved Perso				
	Person Downs, David	N	arrative	· · · · · · · · · · · · · · · · · · ·
Source and Do			 	
Anonymous Information So	rormant: No urce: Staff - Downs	David		
			T:41	e: Correctional Officer 1
Reporting Staff	Downs, David	1	110	e: Correctional Officer 1
Signature:	Juin of Jones	2/	Da	te: <u>7-5-22</u>
Notes				
No Notes are as	sociated with this In	cident Statement		
NOTE: Supervi	isors must review	v all reports for	accuracy befo	re sianina off
			2002.207.20.0	
Supervisor Rev	view and Remarks:		 	
	-,7			CC-L
Supervisor Nan	ne:	inton	Tit!	e:
Signature:	55gt.	that	Dat	te: 7/5/2022
Routing List (P	Place an X next to	those this rep	ort will be distr	ibuted to):
Helena	Office	Sec	urity Major	Medical
MSP D	uty Officer	Uni	t Manager	Maintenance
Warden	or Designee	Cor	nmand Post	Investigator's Office
	Warden		ate Records File	MCE
	ate Warden		ate Unit File	Safety Committee
Other				

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: use of fo	rce at DLMC			Statement #:	76365
Incident Date:	07/05/2022	Incident Time:	12:37 AM	Statement Date:	07/05/2022
Jurisdiction:	Montana State Priso	า		Submission Category:	Submitted
Incident Scen	e				
Incident Occur	red at Facility? Ye	S			
Location: Mor	ntana State Prison/D	eer Lodge Medical	Center		
Summary of Ir	ncident			 	
we were at Dee apart and repos held them at his I/M Whitford sta the ribs. in resp railing. I/M Whit and subdued I/N that it had happ	r Lodge Medical Cer sitioned it on his face s belly. I/M Whitford I ationary on the bed, a onse I instinctively so ford stood up and at M Whitford and called ened on my phone.	nter. I, CO Puccinel so it was covering became agitated an and while I was doin wung at his head, getempted to push med command post all I/M whitford had se	Ili grabbed the spit his mouth and ren of started bucking ng that I/M Whitfor plancing off the bac e into the hospital erting them that I I emed to calm dow	attempting to rip his spit ho hood to stop I/M Whitford froved his hands from the sparound on the bed. I attemped brought his knees up and ck of I/M Whitfords head hittwall, I forcefully returned him and gone hands on and to me by then so I backed off as "fuck you bitch". I did not refuse.	rom ripping it hood and oted to hold struck me in ing the bed nark the time it to not
nvolved Pers	ons				
Category	Person	Nar	rative		
Staff	Downs, David				
Staff Offender	Derieux, Gabriel Whitford, Makueeya 3015941	 ipee -			
Source and Do	ocumentation				
Anonymous In	formant: No			· -	· -
Information So	urce: Staff			·	
Reporting Staf	f: Derieux, Gat	oriel	Title:	Correctional Officer 1	
Signature:	ulirelli .		Date	9/5/2022	
, Notes					
No Notes are as	ssociated with this In	cident Statement			
NOTE: Superv	isors must reviev	v all reports for a	accuracy before	signing off	
Supervisor Rev	view and Remarks:				
		,			
Supervisor Na	me: ILc	entan	Title:	55,+.	
Signature:	.55.75	time	Date	7/5/2022	
	Place an X next to	those this repo			
Helena		<u> </u>	rity Major	Medical	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

•≈ ♣;				RECEIVED BY
		NA DEPARTMENT C		AFD BA
	MSP ☑ MWP □	CONTRACT FACILITY		JUL 05 2022
	DISCIPLINARY INFRA			DISCIPLINARY
•	(Information an MAJO	d staff fignatures on this form mu R 🚺 MINO		TIVARY
	1. 1. 1. 1. 21 MASO	. ^ ^	K 🗀	Dalsau
Inmate Name:	MNYXOID			- ID# 13012 41
Date: 742	D Last name		rst Name	-
Room/Cell: 42	Time: M, 4	Place of Incident:	signment;	
Infraction Number(s)		estrowns alterina	or damaging to	alite property of
,		enty elfomother	person, includi	national National
0. 00111.			<u> </u>	
Staff Witness: 12.		Other Inmat	es involved 1.	
	<u>_</u>		2. ————————————————————————————————————	,
Description of Violat	ion: (who, what, why, whe		In the app	are date and
- Time		+ to 12-block a	m RHU and S	ow water comin
- from some	- whiteords #230 Wateroff and lef	15941 Cell 30	I grobbed th	cuater key and
- Shidi III 3	WORK OFF CHOCKER	t the book		
	\rightarrow	<u> </u>		
		\vdash	-	
		+-		
REPORTING STAFF	MEMBED. And	151014 (2001	-a A-	Non
	- / / / / / / / / / / / / / / / / / / /	(Print Name)		Manual Communication of the Co
Supervisor Review:	- Kyle	Ameson	Myla	1
Inmete Status	/	(Print Name)	` '	gn Name)
Inmate Status:	∐ Pre-He	aring Confinement [5	kRelease to Previous S	tatus 📋 Other
Approval for placemen	t in PHC: Medica	l: r] Mental Health:	
•		·	Titolicai Ticalin,	
Reason:				
I have reviewed this report for le	egibility, completeness, correctness of	charge, and to ensure all necessar	y information is attached (evide	nce, incident/witness reports
	ing Confinement, I have reviewed the nent in restrictive housing, and have d			
mentioned reason			o general annate population is it	
(0) 10 0	7	7422		1 1
(Shift Supervisor's S		(Date) HEARING/PREHEARING	(Warden or Designee Signatu	re) (Date)
I have received a copy of this	ntice and have been informed of my	right to attend and present evidence	ACTION to at a hearing.	
2. I understand the charge(s	7 Time:	hrs. Place:		
I waive my right to a hea Present evidence and with	ring? Yes No (if yes, have inma nesses on my behalf! Yes No If	te sign an Agreement/Waiver/Ref	iscal form)	_
3. Once permient notations				
I understand, if sound;	guilty, I will be subject to imp	osition of the sanctions a	s outlined in the instituti	onal inmate
disciplinary operationa	l procedure.	-/-/		
William		7/4/11		
	aff Signature)	(Date & Time)	Ouch to Figu	Signature / ID#)
	aff Signature)	(Date & Time)	Ouch to Sign (Inmail's S	Signature / ID#)

MSP 3.4.1, Institutional Discipline

STATĖ UF MONTANA DEPARTMENT OF CORRECTIUMS MSP MWP CONTRACT FACILITY:
MSP MWP CONTRACT FACILITY:
,
DISCIPLINARY HEARING DECISION
MINOR □ / 1
Inmate's Name: What ford Making one ID# 30/58 Date: 07/07/202
Infraction Number(s) & Name(s) 4/210 Dost Con For 1 Ja Oto 100 1
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: / / By:
Reason:
Plea: Guilty Not Guilty Cother: Wa'ved Right to a Hassing Inmate's Statement:
Evidence Provided:
Findings: Guilty of # 4/2/0 Not Guilty of # Evidence Relied On: Two Flow Fish Report
20-4210
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Arid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 530,00 Find grid level to use by adding current & prior guilty decisions).
Sanction(s): \$30,00 Fine
Reason(s) for findings: Official Flooded his Cell Manager 7/1/2 What

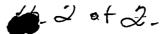
Attachment ${\bf C}$

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: JUN 30 2022 DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING DISCIPLINARY MAJOR MINOR MINOR	ン Y
(Information and staff signatures on this form must be legible) MAJOR MINOR MINOR	
Inmate Name: Whitford Makueeyapee Last name Approx Pirst Name Date: June 29 12 Time: 1305 hr Place of Incident: RHU, LB-7 Room/Cell: LB-7 Housing Unit: RHU Job Assignment: Unassignmed 9999 Infraction Number(s) & Name(s) 4212 Willfully blocking a locking device to include Window. Staff Witness: 1. 96 Shine Other Inmates involved 1. None	99 e a
2. <u>Go Bowers</u> 2. Description of Violation: (who, what, why, where, when and how): While conducting the	
B3Dhr. court, Yobawers attempted get to get In Whitford to remove his bed mattress from the ceil door and window a giving him verbal direct orders to do so whitford would not comply nor speak with the staff so they could proportant him. Shortly there after, I was notified and went to whitfords (rell. I spoke to whitford many time. exactly him to at least spank with me so I knew he was alright, he refused to acknowledge my presence, and my orders to speak and/or to remove the mattress that he had blaxing his cell door window and food slot. Officer shine was an accompanied me onto the block and remained throughout my attempts to solicit a response and or appropriate action to remove the mattress. Eale REPORTING STAFF MEMBER: Dasha, barry 39th facult as a fee previous Status (Print Name) Supervisor Review: (Print Name) (Sign Name) The Medical: Medical: Mental Health:	Lay Sy
Reason:	_
have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, tc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, onsidered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason. 6 29 22	
(Date) (Warden or Designee Signature) (Date NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. I. Hearing Date: / / / / / / / / / / / / / / / / / / /	<u>;</u>
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. (Staff Synature 104)	-

Attachment B

MSP 3.4.1, Institutional Discipline



MSP MWP CONTRACT FACILITY:

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

Inmate Name: Last name Aportot First Name Date: Last name Aportot First Name Date: Last name Aportot First Name Date: Last name Aportot First Name Thousing Unit: Job Assignment: Infraction Number(s) & Name(s) 43/6 Interfering with the towing of a Contract Number (s) & Name(s) 43/6 Interfering with the towing of a Contract Number (s) & Name(s) 43/6 Interfering with the towing of a Contract Number (s) & Name(s) 43/6 Interfering with the towing of a Contract Number (s) & Name (s) 43/6 Interfering with the towing of a Contract Number (s) Name (s)	1594					
Staff Witness: 1. 26 Shine Other Inmates involved 1. None 2. 46 Excess 2. Description of Violation: (who, what, why, where, when and how):	<u>ハン 」 、</u>	yape ID#36	Mai	rd	Name: white	Inmate N
Staff Witness: 1. 26 Shine Other Inmates involved 1. None 2. 46 Exercise Other Inmates involved 1. None 2. 46 Exercise Other Inmates involved 1. None 3. 46 Exercise Other Inmates involved 1. None 4. 46 Exercise Other Inmates involved 1. None 5. 46 Exercise Other Inmates involved 1. None 6. 10 Exercise Other Inmates involved 1. None 7. 10 Exercise Other Inmates involved 1. None 8. 10 Exercise Other Inmates involved 1. None 9. 10 Exercise Other Inmates Inmates involved 1. None 9. 10 Exercise Other Inmates Inmates involved 1. None 9. 10 Exercise Other Inmates involved 1.		arfie —]	ne Approx-	Last na	D 4
Staff Witness: 1. 26 Shine Other Inmates involved 1. None 2. 46 Exercise Other Inmates involved 1. None 2. 46 Exercise Other Inmates involved 1. None 3. 46 Exercise Other Inmates involved 1. None 4. 46 Exercise Other Inmates involved 1. None 5. 46 Exercise Other Inmates involved 1. None 6. 10 Exercise Other Inmates involved 1. None 7. 10 Exercise Other Inmates involved 1. None 8. 10 Exercise Other Inmates involved 1. None 9. 10 Exercise Other Inmates Inmates involved 1. None 9. 10 Exercise Other Inmates Inmates involved 1. None 9. 10 Exercise Other Inmates involved 1.		1, LB-7	e of Incident:	: 1305 hrs.Pl	une 27 22 lime	Date:
Staff Witness: 1. 26 Shine Other Inmates involved 1. None 2. 46 Excess 2. Description of Violation: (who, what, why, where, when and how):		nent:	Job A	g Unit:	Cell: <u>18-7</u> Housing	Room/C
Staff Witness: 1. 26 Shine Other Inmates involved 1. None 2. 46 Excess 2. Description of Violation: (who, what, why, where, when and how):	nt.	the taking of a cou	fering wi	4216 INter	ion Number(s) & Name(s)	Infractio
Description of Violation: (who, what, why, where, when and how): Marcine			0			
Description of Violation: (who, what, why, where, when and how): Marcine					-/	
Description of Violation: (who, what, why, where, when and how): Manage		volved 1. Nine	Other Inm		Witness: 1. 40 Shine	Staff W
Description of Violation: (who, what, why, where, when and how): Marcine		2.	_		2. % Bowers	
REPORTING STAFF MEMBER:	- Eon	Nothing follows -	en and how): _	at, why, where, w	ption of Violation: (who, w	Descript
REPORTING STAFF MEMBER: Comparison Review: Com		<u> </u>	· -			
Supervisor Review: (Print Name) (Print Name) (Sign Name) (Inmate Status: Pre-Hearing Confinement Release to Previous Status On Mental Health: Reason: Approval for placement in PHC: Reason: have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/with the). For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the mentioned reason.			•			
Supervisor Review: (Print Name) (Print Name) (Sign Name) (Inmate Status: Pre-Hearing Confinement Release to Previous Status On Mental Health: Reason: Approval for placement in PHC: Reason: have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/with the). For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the mentioned reason.			-			
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Supervisor Review: (Print Name) (Print Name) (Sign Name) Immate Status: Pre-Hearing Confinement Release to Previous Status One of the provious Status						
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(Print Name) (Sign Name) Inmate Status: Pre-Hearing Confinement Release to Previous Status Confinement Mental Health: Approval for placement in PHC: Medical: Mental Health: Reason: The reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/with to.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions onsidered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the mentioned reason. (Shift Supervisor's Signature) (Date) (Warden or Designee Signature)	She	- Oct. Jany to	arry g	Jaska, K	XIING STAFF MEMBER:	KEFOKI
(Print Name) (Sign Name) Inmate Status: Pre-Hearing Confinement Release to Previous Status Confinement Release to Previous Status Confinement Reason: Medical: Medical: Mental Health: Reason:		(Sign Name)	Name) [, (FII	sor Review:	Supervisor
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Approval for placement in PHC: Medical: Mental Health:		, - ,	•	•	Statue	nmate Ste
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(Shift Supervisor's Signature) (Date) (Warden or Designee Signature)	المتافية	e on medical and mental health conditions of	that restrictive housing	I have reviewed the impa	lacement in Pre-Hearing Continement	ic.) Foi place
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature)	above	tal inmate population is necessary due to the	o diac separation from	nousing, and have determ	reason.	ientioned rea
(Warden of Designee Signature)	1 1		1	/		
(Warden of Designee Signature)	<u> </u>	(arden or Deciance Cianatura)	ate)		(Shift Supervisor's Signature)	(Sh
	(Date)					,
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing		hearing.	ittend and present evid	en informed of my right t	eived a copy of this notice and have b	I have receiv
1. Hearing Date: / / Time: hrs. Place:	!		Place:	Time: hrs.	ring Date:/	I. Hearing
2. I understand the charge(s)?			charge(s) to the inma	o (it no, verbally explain	ive my right to a hearing? Tyes Th	3. I waive
4. Present evidence and witnesses on my behalf. Yes No If inmate has witnesses, have him/her complete a Witness Request form		nplete a Witness Request form	has witnesses, have his	If. Yes No If inma	ent evidence and witnesses on my beh	4. Present
5. Other pertinent notations:					r pertinent notations:	5. Other p
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate					stand :6 c J 24 . 7 . 23 1	I understa
	i	lined in the institutional inmate	n of the sanctions	e subject to imposit	stand, it found guilty, I will t	
disciplinary operational procedure.		tlined in the institutional inmate	n of the sanctions	e subject to imposit	stand, it found guitty, I will t nary operational procedure.	disciplina
disciplinary operational procedure. (Staff Signature) (Date & Time) (Inmote's Signature / ID#D		tlined in the institutional inmate	n of the sanctions	e subject to imposit	nary operational procedure.	disciplina

Attachment B

MSP 3.4.1, Institutional Discipline

MSP 🛛 MWP 🗌	CONTRACT FACILITY:
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Agreement / Waiver / Refusal Form

M	Iajor/Minor Inmate Disciplinary Infractions			
Agreement 🔀	Waiver to Attend Hearing	Refusal to Attend Hearing		
Inmate Name: Whit Fora	Makueeyapee	ID#: 80 594		
Inmate Name: Whit for a Date: 7/1/22 Time:	Housing Un	it: RHU		
Infraction Number(s) and Description:	4212. Tampering W/10	cking device		
guilty on the violation(s) listed above For Sanction Purposes: [Circle the num! (Circle number of prior guilty decisions within the	of the DHO/Housing UMT that there is suffice. ber of prior Major/Minor Infraction Reports: 1 2 e timeframe [not each rule violation]. Find grid level to use to the superior of the superior	3 4 5 Grid Level to Use: 3 by adding current & prior guilty decisions).		
I wish to enter into an Agreement and accagreement with the DHO/UMT, and by sign above, and waive my right to a hearing and Inmate Signature:	ept the sanction(s) offered above for the infraction(s gning it, I understand that this concludes the disciplind appeal.) listed above. By entering this nary process for the infraction(s) listed : Date: 6 / / 22		
☐ Waiver to Attend Disciplinary	Hearing: Inmate waives right to hearing a	nd appeal.		
Inmate Signature:		Date: / /		
Refusal to Attend Disciplinary Hearing: I told Inmate that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating:				
Inmate Signature:		Date://		
Officer/Witness Signature: Disciplinary Hearing Officer/Unit D	Disciplinary Team Carry Wals	Date:/// Date:////		
Administrative Review Signature:	L) Myland	Date: DK		
Copies to: Records (White) Parol	e Board-Majors only (Yellow) Housing Ur	nit (Pink) Inmate (Goldenrod)		

Attachment G

MSP 3.4.1, Institutional Discipline

6	1
BY	
	ЭВУ

JUN 17 2022

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

CONTRACT FACILITY:_ MSP MWP

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING DISCIPLINARY

	(Information and staff signatures on this MAJOR \(\bar{\lambda} \)	s form must be legible) MINOR	
Inmate Name: Whit Ford	M	akupevalee	ID#3015941
Date: 6/16/22 Last nam: Room/Cell: L8-7 Housing Infraction Number(s) & Name(s)	ne a	First Name nt: LB-7 RH Job Assignment: 19999	
Staff Witness: 1	Othe	r Inmates involved 1	
Description of Violation: (who, who, who, who, effloximate Time I Co Princely age that LB-7 w I then grabbed the we water OFF. as I Past the TOP OF h S door. I This Light was Brown a	oractional officer Re hich housed only inner ter kgy from the a	get Giller ves te whitfold \$301: ge and Proceeded hitfold Threw a the liquid But I	re dute and interned By the 1941 was streeding, to go turn his Brown Liquid through got it on my back
REPORTING STAFF MEMBER:	Proge (Guillety (Print Name)	Pr	Sign Name)
Supervisor Review:	(Print Name)		(Sign Name)
Inmate Status:	Pre-Hearing Confineme	nt Release to Previo	
Approval for placement in PHC:	,	Mental Health:	Tunke
I have reviewed this report for legibility, completenete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive himentioned reason (Shift Supervisor's Signature) I have received a copy of this potice and have bee 1. Hearing Date:	less, correctness of charge, and to ensure a have reviewed the impact that restrictive lousing, and have determined that separation of the	(Warden or Designee S EARING ACTION ent eyidence at a hearing.	ental health conditions exhibited, on is necessary due to the above
	Time: An Y hrs. Place f Y hrs. (if no, verbally explain the charge(s) to to (if yes, have inmate sign an Agreement/N f. Yes No If inmate has witnesses,	he inmate). Vaiver/Refusal form)	equest form
I understand, if found guilty, I will be disciplinary operational procedure.	subject to imposition of the sam	octions as outlined in the ins OU UNABLE TO 5	titutional inmate

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF TANA DEPARTMENT OF CORRL. TONS MSP MWP CONTRACT FACILITY:

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

14	rajor/minor inmate Disciplinary influences.	,
Agreement 🕅	Waiver to Attend Hearing [Refusal to Attend Hearing [
Inmate Name: Whitfurd	Makuelyapee	ID#: <u>30 5941</u>
Date: 6/17/22 Time	Housing U	nit: RHU
Infraction Number(s) and Description	4111-assault on staff	+ 4210 Flooding
DAgraament. It is the judgment	of the DHO/Housing UMT that there is suffi	cient evidence for a finding of
guilty on the violation(s) listed abov		tient evidence for a mading of
For Sanction Purposes: [Circle the num (Circle number of prior guilty decisions within the Sanctions:	ber of prior Major/Minor Infraction Reports: 1 2 e timeframe [not each rule violation]. Find grid level to use	3 4 5] Grid Level to Use: by adding current & prior guilty decisions).
agreement with the DHO/UMT, and by sign above, and waive my right to a hearing ar	ept the sanction(s) offered above for the infraction(s) gaing it, I understand that this concludes the discipled appeal. CIOKRESTED	linary process for the infraction(s) listed
7		
Waiver to Attend Disciplinary	Hearing: Inmate waives right to hearing a	and appeal.
Inmate Signature:		Date://
Refusal to Attend Disciplinary I told Inmate (S)he was advised that the hearing would	that it was time for his/her he proceed on the basis of evidence provided. (S)he si	aring. (S)he refused/declined to attend. till refused/declined stating:
Inmate Signature:		Date: / /
Officer/Witness Signature:	t, Rut	Date: / /
Disciplinary Hearing Officer/Unit I	Pisciplinary Team (and Will Will	Date://e/17/122
Administrative Review Signature:_	(h.H.	Date: 6/17, 27
Copies to: Records (White) Parol	e Board-Majors only (Yellow) Housing U	nit (Pink) Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline







Statement of Incident

Title: Whitford, M	lakueeyapee 30159	141		Statement #: 75559
Incident Date:	06/16/2022	Incident Time:	10:30 AM	Statement Date: 06/16/2022
Jurisdiction: Mo	ntana State Prison			Submission Category: Submitted
ncident Scene				,
	d at Facility? Yes		*	
Location: Monta	na State Prison/RH	Ų		
Summary of Inci	ident			
On the above date conducting the wa block were upset o with the water and Capt. Thompson to management cell	e and approximate to alkthrough, I noticed due to the flood, and I he's going to throw that he is continuing by CSRT without fu	a lot of water on d inmate Whitford it on as many st to threaten to as	B-Block and stopped me aff as he can sault staff. In	ucting a walkthrough of RHU. While the smell of feces. Several inmates on the at LB 7 and told me that he had "mixed shit". I then contacted Command Post and told mate Whitford was moved to the safety
nvolved Person	s			
	erson /hitford, Makueeyap		rative	
	015941			
Staff Si	nowden, Thomas			
Source and Doc	umentation			
Anonymous Info	rmant: No			
Information Sour	ce: Staff - Snowde	en, Thomas		
Reporting Staff:	Snowden, Tho	omas /		Title: Correctional Lieutenant
Signature:	Money &	mado-		Date: 6-16-2022
Notes		armerica-	=	
	ociated with this Inc	ident Statement		
NOTE: Supervis	ors must review	all reports for	accuracy b	efore signing off
Supervisor Revie	w and Remarks:			
		-		,
•				
Supervisor Name	:: <u>5567 </u>	hacke		Title: Staff Sergeant
Signature:	/			Date: 6-16-27
	ace an X next to	those this repo		
Helena O		·	rity Major	Medical
MSP Dut			Manager	Maintenance
	or Designee		mand Post	Investigator's Office
Deputy W	*		te Records F	
Associate			te Unit File	Safety Committee
	· TTURGOT		COMET NO	Calety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.







Statement of Incident

Title: Whitford	l assault with a bodi	y fluid		Statement #:	75551
Incident Date:	06/16/2022	Incident Time:	09:00 AM	Statement Date:	06/16/2022
Jurisdiction:	Montana State Priso	on		Submission Category:	Submitted
Incident Scen	е				
	rred at Facility? You	es			_
Location: Mo	ntana State Prison/l	Maximum Security/F	Restrictive Housing/	B/LOWER/7	
Summary of I	ncident				
called to the maseen water run Guillory to retrionto the block. to the top of his instructed C/O then went backdoor on the top	ain cage and was in ning out of LB-7 cell eve the water key from He walked down the door and a brown so Hawley to retrieve the onto B-Block with the ning out on the sound sou	formed that B-Block which is the cell the common the main cage as a stairs and once he substance came out he shield while I cal the shield. I handed ambing chase and s	was flooding. I the at I/M Whitford, M. and turn off LB-7 was got close to I/M Wat of his cell striking (led the command pothe shield to C/O G	outside yard back into the bin went and looked onto the \$3015941 resides. I then inter. He retrieved the key an hitford cell I seen I/M Whitford C/O Guillory in the back. I thost to inform them of the incuillory. He held the shield us water. Once the water was	block and structed C/O d we went ord reach up nen cident. We up to the
Involved Pers	ons				
Category	Person		rrative		
Staff	Guillory, Roger	Off	icer that was struck	with what appeared to be t	eces.
Staff	Hawley, Alex	Off	icer that retrieved th	ne shield.	
Offender		rapee - Inn	iale iliai assaulleu	staff with a bodily fluid.	
	ocumentation				
Anonymous Ir				•	
	ource: Staff - Coug	hlin, Brett			
Reporting Sta	ff; Cougnlin, B	rett .	Title:	Correctional Sergeant	
Signature:			Date:	4/16/22	
Notes				1000	
	ssociated with this I	ncident Statement			-
NOTE: Super	visors must revie	w all reports for	accuracy before	signing off	
Supervisor Re	view and Remarks				
Ouper visor ite	vicar and remaine	•		·	
Supervisor Na	ime: <u>SSG7 Sh</u>	arhe	Title:	Staff Sergea	n-'
Signature:				6-16-27	
Routing List (Place an X next t	o those this repo	ort will be distrib	uted to):	
	a Office		urity Major	Medical	
				Maintena	nce

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.







Statement of Incident

Title: whitford assault			Statement #: 75555
Incident Date: 06/16/2022	Incident Time:	08:15 AM	Statement Date: 06/16/2022
Jurisdiction: Montana State Prison	ı	•	Submission Category: Submitted
Incident Scene			i 1
Incident Occurred at Facility? Yes	3		
Location: Montana State Prison/Ma	aximum Security/R	Restrictive Ho	using/B/LOWER/7
Summary of Incident			
officer that an inmate on B-block in FB-block to see a large amount of war As I passed his cell door Inmate Whithe liquid I got it on my back. This brinext to cell LB-8. I asked Sergeant Cattempting to throw out of his cell. With top of his cell. Once Sergeant Cough where Inmate Whitford was throwing off and we then proceeded off the block.	RHU was flooding. ter coming from LE troming from LE trom threw a brow own liquid smelled coughlin to grab the hilin came back with liquid out. Sergea	I grabbed the 3-7. This house in liquid out o I of feces. I the e shield as so shield Inmate the shield I	er Guillory was informed by the primary cage e key from the cage and then proceeded onto se contained only Inmate Whitford #3015941. If the top of the door. In my attempt to dodge en went into the shower on the lower block of can deflect the liquid Inmate Whitford was e Whitford continued to throw liquid out of the placed it on the top of the door covering hen turned the water to Inmate Whitfords cell
Involved Persons			
Category Person	Nai	rrative	
Staff Guillory, Roger Offender Whitford, Makueeya 3015941	· =		
Source and Documentation			
Anonymous Informant: No	-		
Information Source: Staff - Guillor	y, Roger		
Reporting Staff: Guillory, Rog	er		Title: Correctional Officer 1
Signature:	20		Date: 6/16/22
Notes			
No Notes are associated with this In	cident Statement	-	
NOTE: Supervisors must review	v all reports for	accuracy b	efore signing off
Supervisor Review and Remarks:			
Supervisor Name: <u>SSG7</u> 5	harpe		Title: Staff Secseant
Signature:			Date: 6-16-27
Routing List (Place an X next-to	those this repo	ort will be d	istributed to):
Helena Office	Secu	urity Major	Medical
MSP Duty Officer	Unit	Manager	Maintenance

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

ŕ

	-		RECEIVED BY
S	TATE OF MONTANA DEPAR	TMENT OF CORRECTIONS	JUN 1 4 2022
	MSP MWP CONTRAC	T FACILITY:	DISCIPLINARY
Digi	(Information and staff signatures		
	MAJOR 🖊	MINOR 🗌	
	:+ford	Makuecyapee First Name	1D# 3015941
Date: 6-13-2027 Room/Cell: LB7 Infraction Number(s) & Na	Time: 1920 Place of Inc Housing Unit: RHU me(s) H235 Threater	cident: RHU B-Block Job Assignment: 99999- U ning any other person	hassigned to include staff
		Other Inmates involved 1.	
Description of Violation: (v	who, what, why, where, when and	how): On the abovedal	e on-l
approximate time	I Sat. Arneson, was	on B-Block observing 1 + 3015841 started tall	ng the summers
ng stated staff ng	ed to be respectful to	him because if we are had made a "shit Bom	not be will
that he used out	at vacol, He also sto	ted that he was gunning did not let him go to	1 fac Sat. Conoblin'
was not specific	an any plays that h	= will not on but I de	dact-the
impression that he	was socieus about	compthing that he state CP and was instructed	this caused
wate up. [])	OI BIND WAS INSTRUCTED	FO 610 TW/5
REPORTING STAFF MEN	MBER: 1/ A		
Supervisor Review:	(Print Name)	(Sign N	Jame)
nmate Status:	(Print Name)	(Sign N	•
	☐ Pre-Hearing Confin		is Uther
Approval for placement in Pl		☐ Mental Health:	
Reason: 1	reody on PHC-DD		
for placement in Pre-Hearing Cor	finement, I have reviewed the impact that restri	sure all necessary information is attached (evidence ctive housing may have on medical and mental heal paration from the general inmate population is neces	th conditions exhibited,
1 Tb. Rateur	6/13/20	<u> </u>	
(Shift'Supervisor's Signature	NOTICE OF HEARING/P	(Warden or Designee Signature) REHEARING ACTION	(Date)
Hearing Date: I understand the charge(s)? I waive my right to a hearing?	nd have been informed of my right to attend and Time: hrs. Place: Yes No (if no, verbally explain the charge(IVes No (if yes, have immate sign an Agreen Ives No (if yes, have immate has with	preson evidence at a hearing.	n
<u> </u>	- 7-	e sanctions as outlined in the institution	nalinmate)
disciplinary operational pro	cedure.	1-22 po 1000	
(Staff Sig	nature) (Date	& Time) (Inmyte's Sig	nature / ID#)
Attachment B	MSP 3.4.1, Instituti	onal Discipline Effective Janua	n/1 2020

STATE O	TANA DEPARTMENT OF COLOR	FIONS
. MSP 🂢 MWP [CONTRACT FACILITY:	
A	greement / Waiver / Refusal Form	
Majo	or/Minor Inmate Disciplinary Infractions	
Agreement 🔊	Waiver to Attend Hearing [Refusal to Attend Hearing
Inmate Name: Whitford Ma	Kueryapee	ID#: 3015741
	Housing Unit:_	RHU
Infraction Number(s) and Description:	235 - Threatening 4208	· Insoleque
<u>Agreement</u> : It is the judgment of the guilty on the violation(s) listed above.	ne DHO/Housing UMT that there is sufficien	t evidence for a finding of
For Sanction Purposes: [Circle the number of Circle number of prior guilty decisions within the time Sanctions:	of prior Major/Minor Infraction Reports: 1 2 3 eframe [not each rule violation]. Find grid level to use by accompany of the company of the co	4 (5] Grid Level to Use: 3 Iding current & prior guilty decisions):
		U
I wish to enter into an Agreement and accept to agreement with the DHO/UMT, and by signing above, and waive my right to a heaxing and ag	the sanction(s) offered above for the infraction(s) lis g it, I understand that this concludes the disciplinar opeal.	ted above. By entering this y process for the infraction(s) listed
Inmate Signature:		Date: 7 / 16 / 87
☐ Waiver to Attend Disciplinary He	earing: Inmate waives right to hearing and	appeal.
Inmate Signature:		Datc:/_/
☐ Refusal to Attend Disciplinary H	earing:	
I told Inmate(S)he was advised that the hearing would prod	that it was time for his/her hearing ceed on the basis of evidence provided. (S)he still re	g. (S)he refused/declined to attend. efused/declined stating:
Inmate Signature:		Date://
Officer/Witness Signature:		Date: / /
Disciplinary Hearing Officer/Unit Disci	iplinary Team Canu Wals	Date: 16116/32

Copies to: Records (White)

Administrative Review Signature:_

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline





Statement of Incident

	Star	tement of incident		
Title: Whitf	ford, Makueeyapee #3015941		Statement #:	7541 <i>1</i>
Incident Da	ate: 06/13/2022 Incident	Time: 07:20 PM	Statement Date:	06/13/2022
Jurisdiction	n: Montana State Prison		Submission Category:	Draft
ncident Sc	cene			
	curred at Facility? Yes			
	Montana State Prison/Maximum Se incident.	ecurity/Restrictive Housing	ng/B/LOWER/7/Inmates cell at	time of
Summary o	of Incident			
block. Inmat because if w he used out she did not I	ve date and approximate time I, SG te Whitford, M #3015941 started tal ve are not he will be gunning for us at yard. He also stated that he was let him go to SAU on level 3. He wat that he was serious about everythin	king to me. He stated the He stated that he had not gunning for SGT. Coug so not specific on any pla	at staff need to be respectful to nade a "Shit Bomb" for C/O Go hlin and unit manager in SAU	o him uillory that because
nvolved Po	ersons			
Category	Person	Narrative		
Staff	Arrieson, Kyle	Acting SGT. in RHU		
Offender	Whitford, Makueeyapee - 3015941	Inmate making state	ements	
Staff	Guillory, Roger	Inmate stated he wa	as "gunning for him"	·
Staff	Coughlin, Brett	Inmate stated he wa	as "gunning for him"	
Staff	Strutzel, Carla	Inmate stated he wa	s "gunning for Her"	
Source and	d Documentation			
Anonymou	s Informant: No		· <u>-</u>	
Information	Source: Staff - Arneson, Kyle			
Reporting S	Staff: Arneson, Kyle	Titl	e: Correctional Sergeant	
Signature:	Myh Ster	Dat	te: 6/13/2022	
Notes			·	
No Notes ar	e associated with this Incident State	ement		
NOTE: Sup	ervisors must review all repo	rts for accuracy befo	re signing off	
Supervisor	Review and Remarks:			
Supervisor	Name: B. Br. Hezer	Titl	e:	
Signature:_	B.Q	 Da	te: 10-13-22	
Routing Lis	st (Place an X next to those th	is report will be distr	ibuted to):	
Hel	lena Office	Security Major	Medical	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Unit Manager

Maintenance

MSP Duty Officer

<i>'</i>		•	RECEN
, STATE O	TIMONTANA DEPARTMEN	T OF CORRECTIONS	JUN 7 0
MSP 🗾	MWP CONTRACT FACIL	ITY:	JUNIO
DISCIPLIN	MWP CONTRACT FACIL ARY INFRACTION REPORT. (Information and staff signatures on this form MAJOR MI	NOTICE OF HEARING	JUN I 3 2022
•	(Information and staff signatures on this for	n must be legible)	I CIPLIAIA
	MAJOR 🗾 MI	NOR 🗌	WARY
		- 4	_
Inmate Name: Whitfor.	ــــــــــــــــــــــــــــــــــــــ	Makuceyapoe First Name	_ ID# <u>3015941</u> _
Last nam	e	First Name	
Date: 6-12-2027 Time: Room/Cell: LB7 Housing	Place of Incident:	RHU Detention	Yard
Room/Cell: LK / Housing	Unit: RHA Job	Assignment: 99999 - 1	lna ssigned
Infraction Number(s) & Name(s)	1109-Assoulting and	other innate to	include cousing
\sim	3004 + luids (urine,	teces, Spit, sem	en, Blook, etc?)
Staff Witness: 1.	to come in contact	t with another	nmate.
2.	Other in	mates involved 1.	
	 .	2. <u>-</u> -	
Description of Violation: (who, wha	it, why, where, when and how):	On the al	المحمدا
approximate time	=/m Whitford M #	3015041 therence	tecal matter
on inmites in the ye		to the defention	
cat walk and was	ald that 7/m		had leses
though an him. I took	the inmate from the	Vaca and State	rd to king of 1
innates back to the	in option Ducing to	to source of his	
by inmates	2.04		that they
	- focal matter throw	n by immate whit	1-cd 7 200 5
informed by CP that the	immate that throw	the feed water	was inmate
whit ford, M # 3015941	EOR /		7
-/		/	
PEROPTRIC STATE MEMOUR			
REPORTING STAFF MEMBER:	Kyle Argeson	Maybe d	d son
	Kyle Arneson (Print Name)	May be (Sign	de sono
REPORTING STAFF MEMBER: Supervisor Review:	Lyle Arges on (Print Name) (Print Name)		
Supervisor Review:	(Print Name)	(Sign	Name)
			Name)
Supervisor Review: Inmate Status:	(Print Name) Pre-Hearing Confinement	(Sign ☐ Release to Previous Sta	Name)
Supervisor Review:	(Print Name)	(Sign	Name)
Supervisor Review: Inmate Status:	(Print Name) Pre-Hearing Confinement	(Sign ☐ Release to Previous Sta	Name)
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason:	(Print Name) ☑ Pre-Hearing Confinement ☐Medical:	(Sign ☐ Release to Previous Sta	Name) utus
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completence.) For placement in Pre-Hearing Confinement. I	(Print Name) Pre-Hearing Confinement Medical: css, correctness of charge, and to ensure all necharge reviewed the impact that restrictive house	(Sign ☐ Release to Previous Sta	Name) atus
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive he	(Print Name) Pre-Hearing Confinement Medical: css, correctness of charge, and to ensure all necharge reviewed the impact that restrictive house	(Sign ☐ Release to Previous Sta	Name) atus
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completen	(Print Name) Pre-Hearing Confinement Medical: css, correctness of charge, and to ensure all nechave reviewed the impact that restrictive housing, and have determined that separation from	(Sign ☐ Release to Previous Sta	ntus Other ce, incident/witness reports, alth conditions exhibited, essary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason.	(Print Name) Pre-Hearing Confinement Medical: css, correctness of charge, and to ensure all necharge reviewed the impact that restrictive house	(Sign Release to Previous State Mental Health:	tus Other ce, incident/witness reports, alth conditions exhibited, essary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completencte.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. (Shirt Supervisor's Superature)	(Print Name) Pre-Hearing Confinement Medical: css, correctness of charge, and to ensure all new have reviewed the impact that restrictive housing, and have determined that separation from the confinement of the confinem	(Sign Release to Previous State Mental Health: Mental Health: cessary information is attached (evidence may have on medical and mental factors the general inmate population is necessary (Warden or Designee Signatur	tus Other ce, incident/witness reports, alth conditions exhibited, essary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completentete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive himentioned reason. (Shift Supervisor & Supervisor	(Print Name) Pre-Hearing Confinement Medical: Sess, correctness of charge, and to ensure all new have reviewed the impact that restrictive housing, and have determined that separation from the separation	(Sign Release to Previous State Release to Previous Release to Prelease to Previous Release to Previous Release to Previous Releas	tus Other ce, incident/witness reports, alth conditions exhibited, ressary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completence.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. Shirt Supervisor's Supervisor. I have received a copy of this notice and have been 1. Hearing Date: 1/5/22	(Print Name) Pre-Hearing Confinement Medical: Cass, correctness of charge, and to ensure all necess, correctness of charge, and to ensure all necess, and have reviewed the impact that restrictive housing, and have determined that separation from the confinement of my right to attend and present extreme that the confinement of my right to attend and present extreme. NOTICE OF HEARING/PREHEAR informed of my right to attend and present extreme that the confinement of the confinement of the confinement of the confinement.	(Sign Release to Previous State Release to Previous Release to Prelease to Previous Release to Previous Release to Previous Releas	tus Other ce, incident/witness reports, alth conditions exhibited, ressary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. Shift Supervisor's Speciare: I have received a copy of this notice and have been 1. Hearing Date: 2. I understand the charge(s)? Yes No. 3. I waive my right to a hearing? Dives No.	(Print Name) Pre-Hearing Confinement Medical: css, correctness of charge, and to ensure all nechare reviewed the impact that restrictive housing, and have determined that separation from the confinement of my right to attend and present expressions of the charge of	(Sign Release to Previous Statement Release to Previous	titus Other ce, incident/witness reports, alth conditions exhibited, essary due to the above (Date)
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. Shirt Supervisor's Supervisor I have received a copy of this notice and have been 1. Hearing Date: //S/22. 1 understand the charge(s)? Myes \(\) No 4. Present evidence and witnesses on my behalf	(Print Name) Pre-Hearing Confinement Medical: Sess, correctness of charge, and to ensure all new have reviewed the impact that restrictive housing, and have determined that separation from the confinement of my right to attend and present explaints. NOTICE OF HEARING/PREHEAR informed of my right to attend and present explaints. Place: It is place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place: An informed of my right to attend and present explaints. Place:	(Sign Release to Previous Statement Release to Previous	titus Other ce, incident/witness reports, alth conditions exhibited, essary due to the above (Date)
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Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. Shirt Supervisor's Superature) I have received a copy of this notice and have been 1. Hearing Date: // 5 / 22 2. 1 understand the charge(s)? Yes _No 4. Present evidence and witnesses on my behalf 5. Other pertinent notations: Famale (c) I understand, if found guilty, I will be	(Print Name) Pre-Hearing Confinement Medical: Sess, correctness of charge, and to ensure all new have reviewed the impact that restrictive housing, and have determined that separation from the confinement of my right to attend and present expressions. Place: NOTICE OF HEARING/PREHEAR informed of my right to attend and present expressions. Place: If me, verbayly explain the charge(s) to the im (if yes, have inmate sign an Agreement/Waive and the charge of the confinement of the confinement of the charge of the	(Sign Release to Previous State Release to Previous Release to Prelease to Previous Release to Previous Release to Previous Releas	ce, incident/witness reports, alth conditions exhibited, ressary due to the above
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Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completenete.) For placement in Pre-Hearing Confinement, I considered alternatives to placement in restrictive homentioned reason. Shirt Supervisor's Superature) I have received a copy of this notice and have been 1. Hearing Date: // 5 / 22 2. 1 understand the charge(s)? Yes _No 4. Present evidence and witnesses on my behalf 5. Other pertinent notations: Famale (c) I understand, if found guilty, I will be	(Print Name) Pre-Hearing Confinement Medical: Sess, correctness of charge, and to ensure all new have reviewed the impact that restrictive housing, and have determined that separation from the confinement of my right to attend and present expressions. Place: NOTICE OF HEARING/PREHEAR informed of my right to attend and present expressions. Place: If me, verbayly explain the charge(s) to the im (if yes, have inmate sign an Agreement/Waive and the charge of the confinement of the confinement of the charge of the	(Sign Release to Previous State Release to Previous Release to Prelease to Previous Release to Previous Release to Previous Releas	tus Other ce, incident/witness reports, alth conditions exhibited, essary due to the above (Date) (Date) mal inmate

Attachment B

MSP 3.4.1, Institutional Discipline

STATE G. MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions								
Agreement [Waiver to Attend Hearing 🗌	Refusal to Attend Hearing						
Inmate Name: Whit ford	, Wakuerunge	ID#:3015941						
Date: 6 /15/22 Time:	1100 He	ousing Unit: RHU						
Agreement Waiver to Attend Hearing Refusal to Attend Hearing Inmate Name: Whitford, Wakveeyaple ID#: 3015941 Date: 6 //5/22 Time: 1100 Housing Unit: RHU Infraction Number(s) and Description: 4/104 C55av Higg and Hear Inmate								
Agreement: It is the judgment of guilty on the violation(s) listed above.		re is sufficient evidence for a finding of						
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanctions:								
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.								
Inmate Signature:		Date:/ /						
☐ Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal.								
Inmate Signature:	-	- ''						
Refusal to Attend Disciplinary Hearing: I told Inmate with fost, Makueysele that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: Luant an agree well.								
Inmate Signature: Roxusec	79 (C)	Date://						
Officer/Witness Signature: N	DAHMO	Date://						
Disciplinary Hearing Officer/Unit Di	sciplinary Team	hr Date: 16 (15/2)						
Administrative Review Signature:	/h. //	Date: Wille 122						
Copies to: Records (White) Parole	Board-Majors only (Yellow) Ho	ousing Unit (Pink) Inmate (Goldenrod)						

Attachment G

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:	1100
DISCIPLINARY HEARING DECISION	
Inmate's Name: White of MGK see Cold ID # 3015941 Date: Infraction Number(s) & Name(s) 4/04 9 5 2 1/14 Guothor Twington □ I DO UNDERSTAND THE VIOLATION □ I DO NOT UNDERSTAND THE VIOLATION—ADDITION	D6/15/2022
Continuance granted to Date: / By:	
Plea: Guilty Not Guilty SOther: Rofused to Affend Inmate's Statement:	Hearing
- 42 2	
Evidence Provided:	
Findings:	
Infaction Report / Victor	7 //-/-
	3-41111
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 SI Grid (Circle number of prior guilty decisions within the timeframe [Inot each rule violation]. Find grid level to use by adding guerent & Sanction(s): Sanction(s): 50000 September 50000 September 500000 September 5000000000000000000000000000000000000	Level to Use: 3 prior guilty decisions).
408 10 10013	
Reason(s) for findings; Distributed as saw/ted another Fruncte is Distributed.	with
ADMINISTRATIVE REVIEW / DATE Color Color	ISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. ah appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s not proportionate to the rule violation(s).	In order to file days from today. documentation to
Inmate's Signature / ID#: Kelused J	

Effective January 1, 2020

MSP 3.4.1, Institutional Discipline

Attachment C

(· -	G_{λ}
STATE O	MONTANA DEPARTMENT OF CORRECTIONS	RECEIVED BY
	MWP CONTRACT FACILITY:	JUN 1 0 2022
DISCIPLINA	ARY INFRACTION REPORT / NOTICE OF HEARING	
- 1	(Information and staff signatures on this form must be legible) MAJOR	DISCIPLINARY
Inmate Name: Whit Food	Makuee yafee e First Name	ID# <u>30 5941</u>
Date: 6/9/27 Last name	Place of Incident: RHu Unit: RHu Job Assignment: 99999 - un 1111 assault with Balily Fluid	
Room/Cell: LD-7 Housing	Unit: RHu Job Assignment: 99999 - un	assigned
Infraction Number(s) & Name(s)	IIII asgault with Bodily Fluid	
<u>4</u>	235 Threatening	
-		
Staff Witness: 1	Other Inmates involved 1.	
2		
Description of Violation: (who, wha	it, why, where, when and how): On the above of	ate and
apploximate Time I collec	tional officer shagel Guillary was searching 1	houses in D-black
in RHu. I went to cell	LD-7 which housed only immate whitford #	-3015941 Z asked
in mate whit fold 10 Cuff	up so I can search his cell, inmate white	ord Stated he
	asted him again to Carful inmate whi to whitead then covered the wirelow. We	
	call still see input whiteon Through the	
	1	Lot. Monents
Later innerte whitford 5	tasted throwing Liquids out of his rood slot	which some of
the Liquid Struck me, The	Liquid was Brown in color and but Preninents	
on it I showed where i		int the Food Stot.
moments better inmote will and tellight me in the kilose	nitford Began yelling at me Stating that he immate whitford also grabbed a fixture of	will "stickne"
and Stated "This will be so:	MON. I will stee you when I get the charce."	-a shange
	you say you	
REPORTING STAFF MEMBER:	Proges brillery	RAD
Supervisor Review:	(Print Name)	Mame
G G	(Print Name) Sign	Name)
Inmate Status:	Pre-Hearing Confinement Release to Previous Sta	
Approval for placement in PHC:	☐ Medical: ☐ Mental Health:	
· · · · · · · · · · · · · · · · · · ·		
Reason:		
I have reviewed this report for legibility, completend	ess, correctness of charge, and to ensure all necessary information is attached (evidence	e incident/witness reports
etc.) For placement in Pre-Hearing Confinement, I	have reviewed the impact that restrictive housing may have on medical and mental hes busing, and have determined that separation from the general inmate population is nece	Ith conditions exhibited
mentioned reason	ousing, and have determined that separation from the general inmate population is nece	ssary due to the above
It Drowden	69 2022	/ /
(Shift Supervisor's Signature)	(Date) (Warden or Designee Signature	(Date)
I have received a copy of this notice and have been	NOTICE OF HEARING/PREHEARING ACTION a informed of my right to attend and present evidence at a hearing.	
1. Hearing Date: 6 /12 /2022	Time: Hny hrs. Place: RHQ	_ _
3. I waive my right to a hearing? See No	(if no, verbally explain the charge(s) to the inmate). (if yes, have inmate sign an Agreement/Waiver/Refusal form) Yes No If inmate has witnesses, have him/her complete a Witness Request for	
Present evidence and witnesses on my behalf Other pertinent notations:	UYes No If inmate has witnesses, have him/her complete a Witness Request for	am .
·	subject to imposition of the sanctions as outlined in the institution	mallinmatal /
disciplinary operational procedure.	/	T / -
X Fig Skin	(Date & Time) (Iprinate's Sig	1 6015441
(Staff Signature)	(Date & Time) (Lymate's Sig	gnature / ID#)
Attachment B	MSP 3.4.1, Institutional Discipline Effective Janua	ary 1, 2020

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP☑ MWP ☐ CONTRACT FACILITY: Agreement / Waiver / Refusal Form Major/Minor Inmate Disciplinary Infractions Refusal to Attend Hearing Waiver to Attend Hearing 🗌 Agreement 💢 ID#: 30)59<u>~11</u> Inmate Name: Whitford Makuel yapel Housing Unit: RHV Time: 10.50 Date: (0/10/20 Infraction Number(s) and Description: 4111 - assau Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above. Grid Level to Use? For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). 30 days det Credit 1 day, I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal. Inmate Signature: Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal. Date: Inmate Signature: ☐ Refusal to Attend Disciplinary Hearing: that it was time for his/her hearing. (S)he refused/declined to attend. I told Inmate (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: Inmate Signature: Officer/Witness Signature: Disciplinary Hearing Officer/Unit Disciplinary Team Administrative Review Signature:_ Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod) Copies to: Records (White)

Attachment G

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020



Statement of Incident

Title: Whitford,m #3015941	Statement #: 75179
Incident Date: 06/09/2022 Incident Time: 08:31 AM	Statement Date: 06/09/2022
Jurisdiction: Montana State Prison	Submission Category: Draft
Incident Scene	
Incident Occurred at Facility? Yes	
Location: Montana State Prison/Maximum Security/Restrictive Housing/	D/LOWER/7
Summary of Incident	
on the above date and time I co/durkin was on d-block in rhu performing of searching when i heard an animated conversation on the lowers, when it is ld-7was yelling about not coming out to be searched, he refused to be cuffiaced statements at the staff present, he also refused many orders to cuff blocking his window and threatening co/Guillory directly and during this in slot. Whitford threw some water out of the food slot laced with wet toilet pasgt and co/guillory, throughout this incident the inmate made direct threat stab you right in the fucking heart" at one point he showed a picture of a shad made before and stated "how are you going to like it when i Stab you to respond the inmate complied to being restrained and was moved to a cut off him and he was given new scrubs and clothing.	went to the lower tier inmate whitford in fed up and continued to yell profanity up to be searched. The inmate was cident when we were closing his food aper and fecal matter hitting myself, the is to co/guillory. he stated "i am going to shank he had that he said was one he in your heart". while waiting for a team
Involved Persons	
Category Person Narrative	
Offender Whitford, Makueeyapee3015941 Source`and Documentation	
Anonymous Informant: No	
Information Source: Staff	
Reporting Staff: Durkin, Ryan Title:	Correctional Officer 1
Signature: 6 PM Date:	6-9-22
Notes	
No Notes are associated with this Incident Statement	
NOTE: Supervisors must review all reports for accuracy before	signing off
Supervisor Review and Remarks:	
Supervisor Name: 971. Oughlyn Title:	661
Signature: Date:	
Routing List (Place an X next to those this report will be distrib	
Helena Office Security Major	Medical
MSP Duty Officer Unit Manager	Maintenance
Warden or Designee Command Post	Investigator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2





Statement of Incident

Title: Whitford,r	m #3015941			Statement	#: 75179
Incident Date:	06/09/2022	Incident Time:	08:31 AM	Statement Da	te: 06/09/2022
Jurisdiction: M	lontana State Pris	son		Submission Categor	ry: Draft
	·	 			•
Deputy	Warden	lnma	ate Records File	MCE	
Associa	te Warden	Inma	ate Unit File	Safety	Committee
Other					



Title: Whitford, Makueeyapee_3015941



Statement of Incident

Statement #:

75177

Incident Date:	06/09/2022	Incident Time:	08:25 AM	Statement Date: 06/09/2022
Jurisdiction: M	ontana State Priso	n	•	Submission Category: Submitted
Incident Scene	_	•		
Incident Occurr	ed at Facility? Ye	es		•
Location: Mont	ana State Prison/N	laximum Security/F	Restrictive Housing/I	D/LOWER/7/LD-7
Summary of Inc	cident			
Durkin went onto asked why I wan aren't coming in them of the situa on C/O Guillory I direct threats to 0 asked by Sgt. Co then cuffed up W without any furth	D-block to do som ted him to cuff up, here!" He refused tion. They stated thitting him in the hac/O Guillory stating oughlin if he wanted thitford and escorteer incident. Once in	ne cell searches and I told him he was go several orders to contact they would send at approximately "he was going to so to cuff up and he ad him to LB-7 with a LB-7 we cut the s	d when I went to LD oing to be searched uff up. I then went a I a team up. While vy 0826. As we were stab him in the fucki complied after he pataser drawn on him crubs that he was w	t. Coughlin, C/O Guillory and C/O -7 where the above inmate lives, he and he said "Fuck that, you fuckers nd called Command Post and informed vaiting, I/M Whitford threw fecal water waiting I/M Whitford made several ng heart". I/M Whitford was then aced in his cell for a little while. We the entire time without further incident rearing off and was given new clothes. then closed his food slot and exited the
Involved Perso	ns_		·	
Category	Person	Na	rrative	
	Coughlin, Brett	On	duty sergeant.	
Staff	Durkin, Ryan	Off	icer on duty:	
Staff	Guillory, Roger			by fecal water and was threatened.
Source and Do	cumentation			
Anonymous Info		-		-
-	ırce: Staff - McDo	nald Ron		
Reporting Staff:			Title	Correctional Unit Manager
reporting outil) Wicdonaid, IN),		
Signature:	V WG	4	Date:	6-9-22
Notes	· · ·			•
No Notes are as:	sociated with this Ir	ncident Statement		
NOTE: Supervi	sors must revie	w all reports for	accuracy before	signing off
Supervisor Rev	iew and Remarks		-	
•	_	·		:
Supervisor Nam	ne:		Title:	:
Signature:			Date:	<u> </u>
Routing List (P	lace an X next to	those this repo	ort will be distrib	ıted to):
Helena	Office	Secu	ırity Major	Medical
Note: This statement this incident will be	of incident may be the	e only statement of the	e described incident, o	r It may be one of several. All statements of

Page 1 of 2



Statement of Incident

Title: Whitford, Makueeyapee_30	15941	Statement #:	75177
Incident Date: 06/09/2022	Incident Time: 08:25 AM	Statement Date:	06/09/2022
Jurisdiction: Montana State Priso	on '	Submission Category:	Submitted
MSP Duty Officer	Unit Manager	Maintena	nce
Warden or Designee	Command Post	Investigat	tor's Office
Deputy Warden	Inmate Records File	MCE	
Associate Warden	Inmate Unit File	Safety Co	mmittee



Statement of Incident

Title: Whitford assault with fluid

Statement #:

75181

Incident Date:

06/09/2022

Incident Time: (

08:20 AM

Statement Date: 06/09/2022

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/D/LOWER/7

Summary of Incident

On the above date and approximate time I, Sqt. Coughlin while on D-Block searching cells overheard I/M Whitford, M. 3015941 tell C/O Guillory that he would not cuff up for a cell search. I then went to LD-7 to see what was going on. I heard C/O Guillory give him another direct order to cuff up in order to search his cell. Whitford stated "Fuck you I am not coming out". I then gave I/M Whitford another direct order to come to the food slot to cuff up. He said "Fuck off". I then informed U/M McDonald of the incident as he was just entering the block. He also gave I/M Whitford a direct order to come to the food slot to cuff up and he stated "No" as he covered his window. U/M McDonald the exited the block to inform the command post of the incident. I then opened I/M Whitford's food slot to see what he was doing. I then instructed C/O Bosch, who was outside of the block and in the lobby on the satellite side of RHU to retrieve the water key in order to shut off I/M Whitford's water. We then waited for the water key. Within that time frame I/M Whitford used his cup to throw what looked to be fecal water and threatened C/O Guillory that he was going to "stick" him. C/O Durkin then kicked his food slot shut and C/O Guillory keyed the food slot shut. I then observed I/M Whitford bring a picture to the window and told C/O Guillory that he was going to "cut his heart out". C/O Guillory showed myself and U/M McDonald his rubber gloves which appeared to have fecal water and toilet paper. C/O Guillory was then instructed to show the camera on D-Block of his gloves. After I/M Whitford paced around his cell for multiple minutes I then asked him if he wanted to cuff up. He complied. Once he was cuffed up he was escorted to LB-7 with the taser drawn. Once in LB-7 I/M Whitford was instructed to lay on his bed as we were going to cut off his clothes. He was instructed to not move until his clothes were cut off. Once his clothes were cut off he was instructed to stay on his bed and not to move until his cell door was shut and he was given an order to come to the food slot. We then exited LB-7, called for the door to be closed and he was uncuffed without any further incident.

Involved Persons

Category	Person	Narrative
Staff	Guillory, Roger	Officer that was in contact with fecal water.
Staff	Durkin, Ryan	Officer that was in contacted with fecal water
Staff	Mcdonald, Ron	Unit manager on shift.
Offender	Whitford, Makueeyapee - 3015941	Inmate that was throwing fecal water and threatening.

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Coughlin, Brett

Reporting Staff:

oughlin, Brett

Title: Correctional Sergeant

Signature:

//.

Data: 6/9/22

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2





Statement of Incident

Title: Whitford assault with fluid			Statement #:	75181
Incident Date: 06/09/2022	Incident Time:	08:20 AM	Statement Date:	06/09/2022
Jurisdiction: Montana State Pri	son		Submission Category:	Submitted
Supervisor Review and Remark	Ks:	,		
Supervisor Name:			 :	
Signature:				
Routing List (Place an X next	to those this repo	ort will be distrib	outed to):	
Helena Office	Seci	urity Major	Medical	
MSP Duty Officer	Unit	Manager	Maintena	ince.
Warden or Designee	Corr	mand Post	Investiga	tor's Office
Deputy Warden	Inma	ate Records File	MCE	
Associate Warden	Inma	ate Unit File	Safety Co	ommittee
Other		-		

lame: Whitford, Makue	evanee	MSP/DOC#	3015941	Facility	Unit: LHU2	
anie. Wintioru, Wakue	еуарее	IVISP/DOC#	3013341	_ raciity/	Ollic. Liloz	
pe of	Classificatio	n		Next Review	P. C. C. C. C. C. C.	
assification: Reclass	Date:	9/7/202	_	Date:	3/31/2022	
rrent Custody: ADSEC	3		rent Assignm	-	gned 99999	
nal Custody:		Fin	al Assignment	Labor	Pool 801	-
Parole Date: 6/8/2038			Discharge D	ate: 2/28/2	2074	
Detainer/Warrant/Notif	ication:	′es 🖂	No	State/Coun	ty:	
Separation Needs:	Active 🛛 Ir	active	Initiate	Remove		
Atypical: Xes	No Assaul	tive/Single Ce	ell/STG			
STG Review: Yes	⊠ No					
Override: X Yes	☐ No	Continue	Override	e Factor: SP	ECIAL MANAGEME	ENT
Confidential Information	Yes, in:			No		
PREA: Xes,	Date 7-19-2016 COMPLETE DATE			rgency Contac MORRA	t valid: Xes RISK LEVEL HIG	☐ N
	TYPE OF REFERRA		ened/Waiting	Active	Incomp. (Complete
SOPITX						
SOPIITX						
CD TX: ITU	Assessment Need		\boxtimes			
MENTAL HEALTH						
ANGER MANAGEMENT	Assessment Need		\boxtimes			
EDUC. / GED / HISET					Pro-	
TSCTC/PRC					SEP 18 2021	
PARENTING					70-	
CP&R:					SEP 18 2021	
OTHER CCP Shills	Assessment Need		\times	Class	Rificall	
SXI.	- 9/1s/z	23			Sification & Placem	ent
Admin Review / Special	Committee Signatur	e / Date				
	/					
Appeal: Yes Classification Officer:	CM Parish No	Orit	Manager:	UM Stru	tzel	
Inmate Signature:	107,	DV	1	Date:	0 0	7-(
	1/					
	CLASSI	FICATION INS	TRUMENT			

LE CANARY-COUNSELOR PINK-INMATE
BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

- Page 1 -

Name:	Whitford, Makueeyapee	MSP/DOC Number:	3015941	Unit: LHL	J2
1. Se	verity of Institutional Misconduc	t (rate last 3 years)			
		8-4104; 11/28/18-4235; 1/8/19	1_4111· 2/17/19 - 4	235-3/10/19-	
	•	/23/19-4235; 4/25/19-4111; 4/			
		/21/20-4235; 1/21/20-4111; 1/3			· .
		-4235; 9/9/20-4111; 9/17/20-4			
. 1		-4233, <i>3/3/20-</i> 4111, <i>3/1//20-</i> 4 0-4111; 2/1/21-4235; 2/6/21-4			6
		0-4111, 2/1/21-4233, 2/0/21-4	111, 2/10/21-411.	1, 2/21/21-4111	- 6
느	Category II Reports				_ 3
느	3+ Category III Reports				_ 1
	No violations within last 3 yea	rs			<u> </u>
2. M	ost serious current conviction, De	etainer or Warrant	• •		
×	Highest Severity Deliberate			,	· 6 .
f	High Severity		,	· 1	- · 5
F	Moderate Severity		1		- J
H	Low Severity				- 0
<u> </u>	tow seventy				- "
3. Esc	cape History (rate last 3 years)		,		
		rom a secure facility (WRC class	sified secure)	<i>,</i>	6
	Escape/walk away from PRC,				- 4
F	Walk away from work release		•		- , ₂
∀	No violations within last 3 yea	<u> </u>	•		
	1 No violations within last 5 year			· ·	- "
4. Set	verity of Felony Convictions with	in the last 7 years (do not inclu	de current convic	tion)	
	1+ Highest Severity or 3+ High			, ,	4
	1-2 High Severity				- 3
<u> </u>	0 Highest/High severity with 1	+ Moderate Severity			1
∀	0 Highest/High/Moderate Sev				- 0
122	o riighesty riighy woderate. Sev	enty with only tow severity 7			_
5. Nu	mber of Category I or II Rule Vio	lations. Predatory/Assaultive F	Sehavior (rate last	3 vears)	
J. ,12		11/27/18-4104; 11/28/18-4235			
		3/10/19-4111; 4/23/19-4235; 4			
		4/29/19-4229; 5/6/19- <u>4</u> 111; 1/			
- '		1/21/20-4218; 2/11/20-4111; 7			
		9/17/20-4111; 9/29/20-4235; 1			
⋉		2/1/21-4235; 2/6/21-4111; 2/1			4
H	1-2 Category I or II Reports	L, 1, 21-4233, 2, 0, 21-4111, 2, 1	U, C.1 - 4111, C/C1/C	T 4TTT	- ⁴ 2
<u> </u>	0, No Category I or II Reports				- 0
	o, No category for it keports			 	- "
			•	•	Score 1-5
Cu	stody Score based on items 1-!	5: 7-9 Medium Restricted /	10-14 Close / 1	l5+ Maximum	15
			79	· .	
6. Ņu	mber of Disciplinary Reports (rat	-	,		
	3+ Reports or Return from Con	mmunity Placement for discipli	nary reasons		4 '
	1-2 Reports				. 2
$\overline{\boxtimes}$	No Major/Severe Reports			 ,	_ ·
7. Per	rformance in Recommended Tre	atment/Education Programs	٦		-
	Non-Compliant			•	· 4
$\overline{\nabla}$	Waiting for treatment / currer	ntly enrolled CD-ITU, CCP Sk	ills AM		- ⁻ 0
	· · · arting for treatment / currer	co-110, ccr 3k	1113, 1111		- , '
WHITE-N	IAIN FILE	CANARY-COUNSELOR		PINK-INN	NATE
		CAL-SEPARATION) FOR MAII	N FILE AND COU	NSELOR FILE ON	LY

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 48 of 527

S. A.	1)	
All recommended programs completed		-1
8. Institutional Adjustment / Work Performance (rate last 6	· · · · · · · · · · · · · · · · · · ·	
Poor ratings from both Work and Housing Unit Team	<u> </u>	2
1 Poor rating from either Work or Housing Unit Team		1
Positive ratings from both Work and Housing Unit Te		0
Positive ratings from both Work and Housing Unit Te	am for 3 years	-1
***	•	
CLASSIFICATION I	NSTRUMENT	•
	-	
-Pa	ge 2 -	
Name: Whitford, Makueeyapee MSP/DOC#	3015941 . Unit: LHU2	
9. Sentence Remaining (total of all consecutive sentences)	·	_
Time Remaining: 53 yrs		
Sentenced prior to April 12, 1995	Sentenced after April 12, 1995	
Designated Dangerous Offender (multiply x 2)		
Score	-	Score
	30+ year sentence/life sentence	
		5
11-29 years 1	11-29 year sentence/total.of consecutive	1
1-10 years 0	1-10 year sentence/total of consecutive	- 0
TOTAL SCORE Item 6-9:	-	5
Total Points Item 1-5: 16	Total Points:	21
<u> </u>		
Custody Pasad on Itom 1 5: BAAV	Custody Posed on Total Points CLOSE	-1
Custody Based on Item 1-5: MAX	Custody Based on Total Points: CLOSE	
,		SE .
	Custody Based on Total Points: CLOSE Recommended Custody Level: CLOSE	SE
,		. •
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9	Recommended Custody Level: CLO: Close 10-14 Maximum/Ad Seg/Ad Se	g Restricted 15+
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points	Recommended Custody Level: CLOS Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust	g Restricted 15+
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Minimum/Unrestricted 0-3	Recommended Custody Level: CLOS Close 10-14 Maximum/Ad Seg/Ad Secon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8	g Restricted 15+
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Unrestricted 0-3 Medium/Unrestricted 9-11	Recommended Custody Level: CLO: Close 10-14 Maximum/Ad Seg/Ad Secon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Minimum/Unrestricted 0-3	Recommended Custody Level: CLOS Close 10-14 Maximum/Ad Seg/Ad Secon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Durestricted 0-3 Medium/Unrestricted 9-11 Close 17-22	Recommended Custody Level: CLO: Close 10-14 Maximum/Ad Seg/Ad Secon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Minimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors:	Recommended Custody Level: CLOS Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors: Special Management	Recommended Custody Level: CLO: Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Minimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors:	Recommended Custody Level: CLOS Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk Escape Threat	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors: Special Management Medical	Recommended Custody Level: CLO: Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors: Special Management Medical Detainer	Recommended Custody Level: CLOS Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk Escape Threat Investigation Pending	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors: Special Management Medical Detainer Exemplary Institutional Adjustment	Recommended Custody Level: Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk Escape Threat Investigation Pending Adjustment Problem / Violence Threat	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors: Special Management Medical Detainer Exemplary Institutional Adjustment Court Ordered Institutional Need Click here to enter text.	Recommended Custody Level: Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk Escape Threat Investigation Pending Adjustment Problem / Violence Threat	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors: Special Management Medical Detainer Exemplary Institutional Adjustment Court Ordered	Recommended Custody Level: Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk Escape Threat Investigation Pending Adjustment Problem / Violence Threat	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors: Special Management Medical Detainer Exemplary Institutional Adjustment Court Ordered Institutional Need Click here to enter text.	Recommended Custody Level: Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk Escape Threat Investigation Pending Adjustment Problem / Violence Threat	g Restricted 15+ tody
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Minimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors: Special Management Medical Detainer Exemplary Institutional Adjustment Court Ordered Institutional Need Click here to enter text. Final Custody Level: CLOSE	Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk Escape Threat Investigation Pending Adjustment Problem / Violence Threat Inmate Need Click here to enter text.	g Restricted 15+
Preliminary Custody Level: MAX CUSTODY SCORE BASED ON ITEMS 1-5 Medium Restricted 7-9 TOTAL POINTS SCALE - If inmate scores less than 7 points Winimum/Unrestricted 0-3 Medium/Unrestricted 9-11 Close 17-22 Override Factors: Special Management Medical Detainer Exemplary Institutional Adjustment Court Ordered	Close 10-14 Maximum/Ad Seg/Ad Segon Risk Items 1-5, use Total points to designate cust Winimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/Death Penaity 2 Psychiatric / Suicide Risk Escape Threat Investigation Pending Adjustment Problem / Violence Threat Inmate Need Click here to enter text.	g Restricted 15+

EXHIBIT D EXHIBIT D This is a special reclass for inmate Whitford. Whitford is has no detainers, warrants or notifications. Whitford is Atypical STG, Assaultive and Single Cell status will be initiated at this reclass at the recommendation of the MDT. Whitford has extremely assaultive history and the Atypical statuses are warranted. Whitford is compliant with treatment waiting for AM, CCP Skills and CD-ITU. Whitford has a valid PREA and MORRA. Whitford scores 16 points on items 1-5 and 5 points on items 6-9 due to length of sentence. Whitford has been compliant with New Freedom programming while in Ad Seg. Whitford has maintained clear conduct since 2/21/2021. Whitford has been respectful and polite with staff since being placed in SAU. Whitford was approved to progress to general population by SAU UMT and MDT. Whitford objectively scores Max custody, but is recommended to be housed at Close Custody on an override.

Comment from UM or Designee:

Inmate Whitford has successfully completed the locked housing step down program and has been recommended general population placement by SAU UMT and MDT. Whitford will need an override from Max Custody to Close Custody. Whitford is Atypical Assaultive, Single Cell, and STG. I support Close Custody placement on override to place Whitford in general population.

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

RECEIVED BY STATE OF MONTANA DEPARTMENT OF CORRECTIONS FEB 2 5 2022 MSP MWP CONTRACT FACILITY:___ DISCIPLINARY DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible) MAJOR 🔀 MINOR ID# 3015941 Whitford Inmate Name: Last name Date: 2/24/22 Time: 1013 Place of Incident: Room/Cell: UE5 Housing Unit: RHU Job Assignment: 4212 Willfully tampering with alocking Infraction Number(s) & Name(s) Staff Witness: 1. Other Inmates involved 1. Description of Violation: (who, what, why, where, when and how): time In Whittond, MA The LO's passing ext block. open alarm to go off REPORTING STAFF MEMBER: Supervisor Review: (Print Name) (Sign Name) Inmate Status: ☐ Pre-Hearing Confinement Release to Previous Status Other Approval for placement in PHC: ☐Medical: ☐ Mental Health: Reason: Alreacly housing I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason. 22422 Shaine (Date) (Warden or Designee Signature) (Date) NOTICE OF HEARING/PREHEARING ACTION I have received a copy of his space and be been informed of my right to attend and present of 1. Hearing Date: / Time: hrs. Place: 1. Hearing Date:

Attachment B

Walster

(Staff Signature)

disciplinary operational procedure.

MSP 3.4.1, Institutional Discipline

(Date & Time)

W0943

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional in met

Effective January 1, 2020

nature / ID#

MONTANA DEPARTMENT OF MSP MWP CONTRACT FACILITY: Agreement / Waiver / Refusal Form Major/Minor Inmate Disciplinary Infractions Agreement Waiver to Attend Hearing Refusal to Attend Hearing ID#: 3015941 Housing Unit: RHU Date: Time: Infraction Number(s) and Description: 4212 Magreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above. For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (5)] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). 90 day any detention I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal. Inmate Signature: Date: Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal. Inmate Signature: ☐ Refusal to Attend Disciplinary Hearing: that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: Inmate Signature: Officer/Witness Signature: Disciplinary Hearing Officer/Unit Disciplinary Team (W) W Administrative Review Signature:

Attachment G

Copies to: Records (White)

MSP 3.4.1, Institutional Discipline

Parole Board-Majors only (Yellow)

Effective January 1, 2020

Housing Unit (Pink) Inmate (Goldenrod)

DOC ADMISSION / DISCHARGE REPORT

WHITFORD	MAKUEEYAPEE	2	ID.	3015941	DATE	1/1/22
LAST NAME	FIRST NAME	MIDDLE NAM	ID ID	3013941	DATE:	
FROM UNIT AND ASSIGNATION MSP: Unit RHU DET Assignment MWP: Pod Regional Prison: Pod MASC	ENTION Cell Bed	MIDDLE NAM TO UNIT AND MSP: Unit Assignment MWP: Pod Regional P Pod MASC Hospital	ASSIGNMENT UN 90 C	999 ell B		CODE: DOC MSP MWP RPC CD** DD**
Cond. Release		☐ Hospital ☐ Conditional Release ☐ OLTC ☐ MSH-WS ☐ Pre-Release	_			CUSTODY: MIN 2 MIN 1 MED 2
□ISP		□ISP				_ ☐ MED 1
☐ Probation		Probation				☐ CLOSE
☐ Treatment Programs ☐ Transfer ☐ Escape ☐ Apprehent ☐ Parole Violator ☐ Probation Violator ☐ START Center ☐ In Transit ☐ New Inmate ☐ 10-Day Furlough	ded State:	☐ Treatment ☐ Transfer ☐ Escape ☐ ☐ Release ☐ START Ce ☐ In Transit ☐ 10-Day Fur	Apprehended			ADSEG
Health Services clear COMMENTS:	r and Mental Health when F rance ☐ Yes ☐ No (If ON CREDIT FOR 7 DAY	f No, attach Spe) ecial Needs Tr			
	DHO D OR's are turned into the Place	O.C. JOHNSOI	nt Office when			
by the sending unit with	the exception of a jail hold plete with housing unit and jo	d & Infirmary, v ob assignment n	which will be	filled out by		

CLASSIFICATION SUMMARY

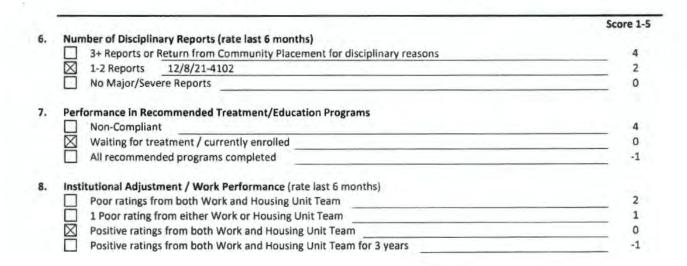
Name: Whitford, Makueeyapee	MSP/DOC#: 3015941 Facility/Unit: HSU1
Type of Classification: Special Classificat	tion Date: 12/15/2021 Next Review Date: 5/30/2022
Current Custody: CLOSE	Current Assignment: Labor Pool-801
Final Custody: ADSEG	Final Assignment: 99999 - Unassigned
Parole Eligibility Date: 6/8/2038	Discharge Date: 2/28/2074
Detainer/Warrant/Notification: Yes	No State/County:
Separation Needs: 🛛 🖈 Ctive 🔀 Inactive 🗸	☐ Initiate ☐ Remove
Atypical: Yes No Assaultive/Single Explain If other	Cell/STE M
STG Review: Yes No	
Override: Yes No Continu	ue Override Factor: CHOOSE ITEM
Confidential Information: Yes, in:	⊠ No
PREA: Yes, Date: 7/19/2016	☐ No Emergency Contact Valid: ☐ Yes ☐ No
MORRA RT Date: 11/21/201	9 MORRA Risk Level: Very High
	TREATMENT STATUS
Type of Referral	Screened/Waiting Active Incomp. Complete
SOP I Tx Choose Item	
GOP II Tx Choose Item	
CD Tx: ITU / ASAM 3.5 Assessment Need	
MENTAL HEALTH Choose Item	
ANGER MANAGEMENT Choose Item	
DUC. / GED / HISET Choose Item	
COMMUNITY PLACE Choose Item	T T
PARENTING Choose Item	i i i
COG. / BEHAVIORIAL Assesssment Need	
OTHER: Choose Item	
#342 CD ITU : #143 CCP Skills group: #75 AN	RECEIVED
#342 CD 110 . #143 CCF 3kills group. #73 Al	
Admin Review / Special Committee Signature Da	te: JAN 00 2027
fulluffille Lang my	JAN JAN JAN
James Jan Just	rec
	Classification & placement
Appeal: 📈 Yes 🗌 No	
Classification Officer: Sgt. Machler	Unit Manager: UM A. Graham
Inmate Signature:	Date: 12-16-2021
	v. C

WHITE - MAIN FILE CANARY - COUNSELOR PINK - INMATE BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY

CLASSIFICATION INSTRUMENT -Page 1-

me:	Whitford, Makueeyap	ee	MSP/DOC #:	3015941	Unit: HSU1
Sev	verity of Institutional Misc	And the second s	3 years) 2: 2/21/21-4111: 2/10/	/21-4111: 2/9/21-	4108: 2/5/21-4111
			11: 10/17/21-4111: 2/10/		
\boxtimes	N				
					1-20-4111(X2) 5/6/19-
	Category 1 Report(s)	the state of the s	9-4111: 3/10/2019-411	the state of the s	and the same of the same
П	Lancing back to the		9/29/20-4235:7/27/2	0-4235: 1/21/20-4	1235 (X2): 4/23/19-
=	Category 2 Report(s)	4235 2/17/19	9-4235		
	3+ Category 3 Reports				
	No Violations within las	st 3 years			
Mo	ost serious current Convic	tion, Detainer or War	rant		
	Highest Severity	Deliberate Homic			
H	High Severity	Assault with Bodily			
H		Casadit With Bodily	TUIU		
님	Moderate Severity Low Severity				
	LOW Severity				
Esc	cape History (rate last 3 ye	ears)			
	Escape or attempted es		cility (WRC classified s	ecure)	
	Escape/walk away from	PRC, TSCTC			
	Walk away from work r		program		
X	No violations within las				
	1+ Highest Severity or 3 1-2 High Severity 0 Highest/High severity 0 Highest/High/Modera	with 1+ Moderate Se			
Nu	mber of Category I or II R	ule Violations, Predat	ory/Assaultive Behavi	or (rate last 3 yea	rs)
,,,,	made of category to the		-4102: 2/21/21-4111:		
			/20/20-4111: 10/17/2		
			2) (/17/20-4111: 9/9/2		
\boxtimes					
			0-4111(X2) 5/6/19-411:		
			4111:2/1/21-4235; 9/2		20-4235: 1/21/20-
	3+ Category I or II Repo		2): 4/23/19-4235 2/17	/19-4235	
	1-2 Category I or II Rep	orts			
	0, No Category I or II Re	eports			
CII	stady Scare based on Ite	oms 1-5: 7-9 Madin	m Restricted / 10-1	A Close / 15+ N	lavimum

WHITE - MAIN FILE CANARY - COUNSELOR PINK - INMATE BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY



WHITE – MAIN FILE CANARY – COUNSELOR PINK – INMATE BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY

CLASSIFICATION INSTRUMENT -Page 2-

Name	e: V	Vhitford,	iviaki	reeyap					P/DOC#:	30159	41	Unit:	HSU1	
	Sente	ence Rema	ining	(total o	f all c	onsecut	ive sente	ences)						
			_	2 years		1	ive semi	circus						
	Time	Remainin		nonths	2									
		Sentence	-				ly x 2)	\boxtimes	Sentence	ed after Ap	pril 12, 1995			
						core						Score		
		30+ years	/life s	entence		2	\boxtimes	30+ year	sentence/l	ife senten	ice	5		
		11-29 yea				1					consecutive	1		
		1-10 years	5			0		1-10 year	r sentence/	total of co	onsecutive	0		
ОТА	L SCC	ORE Items	6-9:	-										7
otal	Point	ts Item 1-5			1	6				Total Poi	nts:			23
Custo	ody Ba	sed on Ite	m 1-5	:	Ad	seg			Custody	Based on	Total Points:	Adse	eg	
Deall -		Contrado	anal.		Leie	NCT.					are do tamelo	ADCE		
reiir	ninar	y Custody	Level:		CLC)SE			Recomn	nended Cu	istody Level:	ADSE	.G	
	חחעיכ	CORE BASE	OON			-	tura Dest	444.470	Close	10.14	Maximum/Ad	A Soa/Art	See Rostr	icted 15+
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WHITE - MAIN FILE CANARY - COUNSELOR PINK - INMATE BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY

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I agree with the comments above Inmate Whitford has been found guilty of 16 staff assults and 7 threatening staff infractions in the last 3 years, On 12/8/21- Inmate Whitford was found guilty of possession of a weapon. Inmate Whitford has continued to show he can not be housed in a general population setting with out a serious risk of violence to staff. Recommend inmate Whitford be placed Ad Seg custody as scores.

WHITE - MAIN FILE CANARY - COUNSELOR PINK - INMATE
BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY

EXHIBIT D EXHIBIT D

2 2					
					RECEIVED BY
				OF CORRECTIONS	
			CONTRACT FACILIA	TY: NOTICE OF HEARIN	DEC 08 2021
	DISCIPLIN		nd staff signatures on this form	must be legible)	DISCIPLINARY
nmate Name:	WHIT For	d ,	Makneeya	Pee First Name	ID# 3015941
ate: 12-8-7	Time:	0700	Place of Incident:	HSU-1	
fraction Number	er(s) & Name(s)			Assignment: L.P. 80/	
duction (tunio	-	4102-	Possession o	F a wealor	V
taff Witness: 1.			Other Int	nates involved 1.	
2.				2.	
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MSP 3.4.1, Institutional Discipline

Attachment B

Effective January 1, 2020

OF THE PERSON OF CORPUS HOUSE	4DK
STAOF MONTANA DEPARTMENT OF CORRECTIONS MSP O CONTRACT FACILITY:	920
DISCIPLINARY HEARING DECISION	100
7	1
MAJOR MINOR	11/101
Inmate's Name: Whit told, Makueeyapoe ID# 301394 pate: 12/1	4/2001
Infraction Number(s) & Name(s) 4100 Possession of Weapon	7.00
NE 100 CIDENTIAL THE TIEST OF T	N TAKEN
Continuance granted to Date:/ By:	
Reason:	
Plea: Guilty Not Guilty Other:	
Inmate's Statement:	4
and there any of the ty, derick of good	100.15
get any enteringtion that I know to k	ews_
V How Hoy that thing was out there Twa.	
BALLY IN That CELL FOR a short pariod of Time,	
Evidence Provided:	
Findings: Quilty of # 4/02	
Evidence Relied On:	
	(.)
Tataction Report / Photos / Incident - Confident	19/
reports'	
For Sanction Purposes: Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Signid Level to U	Ise: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty	-
Sanction(s): 30 Days Vetention Crocket for 7 Days	
End 00/06/2	2000
Reason(s) for findings:	
Oftender was in Possession of a Than pened	
Tustronent / Weapon	
X 1 Alestar 12/18/21 De Color	
AMINISTRATIVE REVIEW DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY	RY TEAM
Lunderstand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order	
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from	
I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documer support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) impos	
not proportionate to the rule violation(s).	ed are
DI DO NOT WISH TO APPEAL	
Inmate's Signature / ID#:	
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Golde	nrod)

Attachment C

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

STATE OF MONTANA DEPARTMENT OF CORRECTIONS	RECEIVED
MSP MWP CONTRACT FACILITY:	RECEIVED BY //
	JAN IN THE
Disciplinary Appeal (major infractions only)	DISCIPLINARY
	ROUL
Inmate's Name: Whit ford, Makueeyapee ID# 301:	1777
Date: /2/14/21 Infraction(s): 4/02 - 1555ession of West	200n
Instructions: Document why one, two or all three of the following apply and submit it to	
1. There was no evidence or documentation to support the decision. From what	
the pictures and know from being in the cal	
was round/cylindrical whereas those markings	ion the floor
(the one that weren't old) were from a flat object	No reliable contide
2. Required disciplinary procedures were not followed. Due Process. 24 hr	notice. Photos.
requested documentation, general summing of con	atidential inter
connecting me to the weapon, etc. And Process. As	cess to Policy 3
Procedures, how and regal materials.	
3. The sanction(s) is excessive. Most people are getting	
for this type of infraction and I have	that a single
write up for a long long time. Approx. 9 m	2 TAI V
Inmate Signature 12/15/21	- OSR" and Heart Recon
WARDEN OR DESIGNEES RESPONSE	
Warden or designee: Is there sufficient evidence and documentation to support the finding?	YES NO
	YES NO NO
	YES NO
Decision:	
☐ Affirm. I uphold the decision of the DHO and the sanction(s) imposed. ☐ Dismiss. I disagree with the actions of the DHO and dismiss the infraction.	
Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction	on level shall be
reduced sanction or level to:	ni ievei sitati be.
suspended sanction(s) for:	
Written justification for the action taken above: Endling & Support Finding	4
(b). Crothern	1/13/22
Warden of Designee Signature	Date
	OWIS
	Inmate (Goldenrod)
Revised: December 2014	lopy sent

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EXHIBIT D EXHIBIT D

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 62 of 527

die .	•
STATI	DEPARTMENT OF CORRECT RECEIVED RECEIVE RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED
· –	DEPARTMENT OF CORRECT WITHACT FACILITY: ON REPORT / NOTICE OF HEARING FEB 29 2021
	ON REPORT / NOTICE OF HEARING
	natures on this form must be legible)
✓ MAJOR 🔀	MINOR DISC.
1.71.16.0	
Inmate Name:	//lakueeyapee ID# 5915/11
Date: 2/a//2021 Time: 0830 Pla	
Room/Cell: /44 Housing Unit: PHU	Job Assignment: 99999 - wassianed
Infraction Number(s) & Name(s) 4/// - Assoulting	any other person
4213 - Refusing	to immediately obey a verbal direct"
order/common	ad tion any staff member
Staff Witness: 1.	Other Inmates involved 1.
2.	2.
Description of Violation: (who, what, why, where, when an	id how):
1 Line T and Orning was	Condend in 1901 in a Time
· · · · · · · · · · · · · · · · · · ·	and became very combative of resistive
Whitford was getting pat searched	1 -06
Part Search after multiple direct a	
the ground, Lea restraints were of	1.11.10
escorted to LAY were he was	
there while we left the cell. Once	the door started to close IM whitford
Came towards the thou and kicker	d his lea out staking over an the stockerne
came towards the door and kicker while also spitting at me. The do	or was shut and cuffs were retrieved.
while also spitting at me. The do	
while also spitting at me. The do	
while also spitting at me. The do	sor was shut and cuffs were retrieved.
Reporting Staff Member St. (Print Name)	
Reporting Staff Member & FRODER + Onino (Print Name) Supervisor Review:	sor was shut and cuffs were retrieved. Soph Delen Company (Sign Name)
Reporting Staff Member St. (Print Name)	sor was shut and cuffs were retrieved.
Reporting Staff Member & Fixed Der Horino (Print Name) Supervisor Review: (Print Name)	Syl and cuffs were retrieved. (Sign Name)
Reporting Staff Member 1 Poly (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by:	Syl and cuffs were retrieved. (Sign Name)
Reporting Staff Member & Fixed Der Horino (Print Name) Supervisor Review: (Print Name)	Syl and cuffs were retrieved. (Sign Name)
Reporting Staff Member 1 Rober + Onino (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: I have reviewed this report for legibility, completeness, corrections of change	(Sign Name) Mental Health by: e, and to ensure all necessary information is attached (evidence, incident/witness reports,
Reporting Staff Member of Rober + Connoc (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: I have reviewed this report for legibility, completeness, corrections of change ctc.) For placement in Pre-Hearing Confinement, I have reviewed the impact	Syl and cuffs were retrieved. Sign Name) (Sign Name) Mental Health by:
Reporting Staff Member of Rober + Conno (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: I have reviewed this report for legibility, completeness, corrections of change etc.) For placement in Pre-Hearing Confinement, I have reviewed the impactonsidered alternatives to placement in restrictive housing and have determinentioned reason.	(Sign Name) (Sign Name) Mental Health by: e, and to ensure all necessary information is attached (evidence, incident/witness reports, that restrictive howsing may have on medical and mental health conditions exhibited and led that separation from the general inmate population is necessary due to the above-
Reporting Staff Member of Rober + Conno (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: I have reviewed this report for legibility, completeness, corrections of change etc.) For placement in Pre-Hearing Confinement, I have reviewed the impactonsidered alternatives to placement in restrictive housing and have determinentioned reason.	(Sign Name) (Sign Name) Mental Health by: e, and to ensure all necessary information is attached (evidence, incident/witness reports, that restrictive howsing may have on medical and mental health conditions exhibited and led that separation from the general inmate population is necessary due to the above-
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Reporting Staff Member of Rober + Connections of Change (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: I have reviewed this report for legibility, completeness, corrections of change considered alternatives to placement in restrictive housing and have determinentioned reason. (Shift Supervisor Stanture) NOTICE OF I have received a copy of this notice and have been informed of my right to 1. Hearing Date: 1 24 27 Time: Time hts. 2. I understand the charge(s)? Yes No (if no, verbally explain to the charge of the stantage of the supervisor of the	(Sign Name) (Date) (Date) (Date) (Date) (Date)
Reporting Staff Member of Rober HOMAN (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: I have reviewed this report for legibility, completeness, corrections of change considered alternatives to placement in restrictive housing and have determine mentioned reason. (Sbift Supervisor Standure) (Sbift Supervisor Standure) NOTICE OF I have received a copy of this notice and have been informed of my right to 1. Hearing Date: 1. Hearing Date: 2. I understand the charge(s)? 3. I waive my right to a hearing? Yes No (if yes, have inmate sign	(Sign Name) (Date) (Date) (Date) (Date) (Date)
Reporting Staff Member of Rober HOMAN (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: I have reviewed this report for legibility, completeness, corrections of change considered alternatives to placement in restrictive housing and have determine mentioned reason. (Sbift Supervisor Standure) (Sbift Supervisor Standure) NOTICE OF I have received a copy of this notice and have been informed of my right to 1. Hearing Date: 1. Hearing Date: 2. I understand the charge(s)? 3. I waive my right to a hearing? Yes No (if yes, have inmate sign	(Sign Name) (A that restrictive howsing may have on medical and mental health conditions exhibited and led that separation from the general inmate population is necessary due to the above- (21/2/Date) (Date)
Reporting Staff Members Policy Print Name (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: I have reviewed this report for legibility, completeness, corrections of changetc.) For placement in Pre-Hearing Confinement, I have reviewed the impactonsidered alternatives to placement in restrictive housing and have determinentioned reason. Notice of the Hearing Date: Policy Poli	(Sign Name) (All that restrictive howsing may have on medical and mental health conditions exhibited and led that separation from the general inmate population is necessary due to the above- (All Electric Managery (Date)
Reporting Staff Member 1	(Sign Name) (Sign Name) (Sign Name) Mental Health by: (e., and to ensure all necessary information is attached (evidence, incident/witness reports, at that restrictive howsing may have on medical and mental health conditions exhibited and led that separation from the general inmate population is necessary due to the above- (21/2/Date) (PARAING/PREHEARING ACTION of attend and present evidence at a hearing. Place: May Last he charge(s) to the inmate). The charge(s) to the inmate). The charge(s) to the inmate). The that witnesses or needs witness statements have the inmate provide the name: The same of the inmate of the institutional inmate disciplinary operational procedure.
Reporting Staff Member of Reporting At the Reporting Staff Member of Reporting Staff Member of Report for Review: (Print Name) Approval for placement in PHC: Medical by: Reason: I have reviewed this report for legibility, completeness, corrections of change ctc.) For placement in Pre-Hearing Confinement, I have reviewed the impact considered alternatives to placement in restrictive housing and have determine mentioned reason. (Shift Supervisor Stanture) I have received a copy of this notice and have been informed of my right to 1. Hearing Date:	(Sign Name) (All that restrictive howsing may have on medical and mental health conditions exhibited and led that separation from the general inmate population is necessary due to the above- (All Electric Managery (Date)

EXHIBIT D EXHIBIT D

STATE CIONT	ANA DEPARTMENT	OF COLUMN
MSP MWP	CONTRACT FACILITY:	

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

	• • •		
Agreement	Waiver to Attend Hearing 🗌	Refusal	to Attend Hearing 🗌
Inmate Name: 10hittor	d, Makyeeyo	ipee 10#: 3	3015941
	inin	Housing Unit: RF	1 4
Infraction Number(s) and Description:	: 1010 1		Disdoi-C
Infraction Number(s) and Description	MIL HOSCULLY	TLID-HET.	Oracki
Agreement: It is the judgment	of the DHO/Housing HMT that th	ere is sufficient evidenc	e for a finding of
guilty on the violation(s) listed above		or is sufficient byfache	
For Sanction Purposes: [Circle the num	her of prior Major/Minor Infraction Reports	: 1 2 3 4 (5)	Grid Level to Use.
(Circle number of graph gully accisions curin la	estippeframe [not each rule violation]. Find gr	id level to use by adding current	t & prior guilty decisions).
		1 1	
	rungmaxd	etention	
I wish to enter into an Agreement and acc agreement with the DHO/UMT, and by sig			
above, and waive my right to a hearing ar			
Inmate Signature: Unable	tosign	Date:	2,24,21
☐ Waiver to Attend Disciplinary	Hearing: Inmate waives right to	hearing and appeal.	
Inmate Signature:		Date:	
☐ Refusal to Attend Disciplinary	Hearing:		
I told Inmate (S)he was advised that the hearing would	that it was time for	r his/her hearing. (S)he rej	fused/declined to attend.
		ea. (b)ne sint rejuseabaech	mea stating
			
Inmate Signature:		Date:	
·			<u> </u>
Officer/Witness Signature	white-		Date: / /
Officer/Witness Signature:	ette	nnakiL	Date: / /
Officer/Witness Signature Disciplinary Hearing Officer/Unit D	isciplinary Team L. Kla	necky	Date: 2 24 21
	isciplinary Team . Kla	necky	n huln
Disciplinary Hearing Officer/Unit D Administrative Review Signature:	Ill	MCLY Housing Unit (Pink)	Date: 224/21

Attachment G

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

Was a medical staff person on-scene? Yes Evic Name: Was a post incident medical evaluation of offender completed? Evic I No By? RA Total James Six James Six Supervisor: Level of Force Applied Active Counter Measure: Prevaling Shift Supervisor: Prevaling of acting Prevaling of self harm settivity Prevention of self harm setting Prevention of self harm setti	MONTANA DEPARTMENT OF CORRECTIONS	USE OF FORCE INFO	RMATION SHEET
Description	OFFENDER INFO	RMATION	
Description	Offender Name: Whit Food Makes	201-041	. A.I.C
National Programme Nationa	Race Code: MAmerican Indian Asian Reservities Uline	50/5741 Unit: KA	Custody: Ad Seq
Date of Incident: RHL Califord Control Cape Name & Title of On-Scene Supervisor: Sqf Orthoo Sqf Orthoo Propo of Force Used Simmediate Planned Plan			V
Name & Title of On-Scene Supervisor: Type of Force Used In Immediate Photographed? If yes I'No Processed as Evidence? If yes I'No Administrator Notified? If Yes I'No Was OC or Taser use medically cleared? If yes I'No Was OC or Taser use medically cleared? If yes I'No Was a post incident medical evaluation of oftender completed? If yes I'No Reporting Shift Supervisor: Level of Force Applied Active Cointer Measure: If Privation Force Solf Defense Restand Device Ocher (Specify): Other (Specify): Other (Specify): Stiff defense/defense of another Minitenance of security Prevention of self harm sactivity Prevention of self harm sactivity Prevention of property destruction In the Intervention of the processor Restand Device Conductive Energy Device (taser) Mames & Titles of All Staff Involved Active Content One of the Intervention of th			•
Type of Force Used Filmmediate Pleaned Pleaned Processed as Evidence? Yes No Name: Ru Godffey Date: 22:2021 Time: 2830 Institute Notified? Time: Pleaned Processed Processed	Nove & Title of Incident: 0820	Place of Incident: RHU	outside control cape
Photographed? Yes No	Traine of Title of On-Scene Supervisor: 291 Offico		<u> </u>
Administrator Notified? [a] Yes No Name: All Goodfay Date: 2.21.202.1 Time: 083.0 Inst. Was a medical staff person on-scene? Yes No By? Date: 1 Time: Inst.			
Was a medical staff person on-scene? Yes SNo By? Was a medical staff person on-scene? Yes SNo Name: Was a post incident medical evaluation of offender completed? So INO By? Reporting Shift Supervisor: Level of Force Applied Level of Force Applied Reason for Force Prevention of a crime Prevention of a crime Prevention of a crime Prevention of season Prevention Prevention of season Preventio		□ No Processe	d as Evidence? E Yes O No
Was a medical staff person on-scene? Yes 12 to Name: Was a post Incident medical evaluation of oftender completed? 12 to 12 to 15 perce Applied Reporting Shift Supervisor: Level of Force Applied Active Counter Measure: Proyection of Self defense of another Maintenance of security Prevention of self tharm activity Prevention of self tharm	Administrator Notified? Ld. Yes. No Name: Aw Godfrey	Date: <u>2</u>	21.2021 Time: 0830 hrs
Was a post incident medical evaluation of offender completed? So I No By? RA Toke Jameson Reporting Shift Supervisor: SSO Jameson Level of Force Amplied Reason for Force Privation of Self All States I No I	Was OC or Taser use medically cleared? ☐ Yes ☐ No By?	Date:	/_ / Time:his
Resporting Shift Supervisor: Section Supervisor: S			Time: hrs
Reporting Shift Supervisor: St. A Level of Force Applied Reason for Force		By? RN TOR	Jamieson
Active Counter Measures Deadly: Fireirm Fireirm Maintenance of security Prevention of a crime Prevention of self harm activity Prevention of period destruction Prevention of self harm activity Prevention of self harm activity Prevention of period destruction Prevention of self harm activity Prevention of self harm activity Prevention of period destruction Prevention of self harm activity Prevention of period of season Prevention of period destruction Prevention of self harm activity Prevention of period destruction Prevention of self harm activity Prevention of self harm activity Prevention of period destruction Prevention of self harm activity Prevention of period destruction Prevention of period destruction Prevention of period destruction Prevention of self harm activity Prevention of self harm activity Prevention of period destruction Prevention of s		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Physical Porce/Self Defense Firearm Cartesian Device Other (specify): Prevention of a criture Prevention of self harm activity Prevention of self harm activity Prevention of self harm activity Prevention of property destruction Prevention of prevention of prevention of property destruction Prevention of prevention of property destruction Prevention of prevention of property destruction Prevention of propert	Astin O in 16	· -	n for Force
Restraint Device Other (Specify): Prevention of a crime Prevention of self harm activity Prevention of self har	CIANT IN IN IN INC.	Self defense/defense of another	
Chemical Agent Prevention of self harm activity Prevention of secape Prevention of property destruction Distraction Device Kinetic Device Conductive Energy Device (taser) Prevention of property destruction Refusal of an order Refusal of an orde	Restraint Device Deter (specify):		•
Baton	Chamical Access	Prevention of self harm activity	,
Refusal of an order	□ Baton	Prevention of escape Prevention of property destouction	
Conductive Energy Device (taser) SiMS Names & Titles of All Staff Involved Did they file a report? Is their report attached?	D Distraction Device	Refusal of an order	
Names & Titles of All Staff Involved	☐ Conductive Energy Device (taser)		
	□ SIMS		<u> </u>
Prince Pres No Pres	Names & Titles of All Staff Involved	Did they file a report?	Ts their report affached?
Paul Dalid Pyes No Pyes P	Set Oreino		
			
Pyes No Pyes No No No No Pyes			1
Yes No No Yes No No Yes No No No No No No No N	Yo Forrest		
Yes No Yes No Yes No No No Yes No Yes No Yes No Yes No No Yes No Yes No No Yes No No Yes No No No No No No No N			 /
Yes No Yes No No Name(s) and IDH(s) of Other Offenders Involved Did they file a statement? Is their statement attached? Yes No No No No No No No N			
Name(s) and ID#(s) of Other Offenders Involved Did they file a statement? Is their statement attached? In Yes I No I Yes I No Name(s) of Victim(s) Involved Did they file a statement? Is their statement attached? Yes I No I Yes I No			
Yes No No Yes No No Yes No No No No No No No N	Name(s) and ID#(s) of Other Offenders Involved		
Yes No No Yes			
Yes No Yes No No Yes Yes Yes Yes No Yes			
Vame(s) of Victim(s) Involved Did they file a statement? Is their statement attached? Yes I No I Yes I No			
Vame(s) of Victim(s) Involved Did they file a statement? Is their statement attached? □ Yes □ No □ Yes □ No			
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Namedal actitistimal tours.		☐ Yes ☐ No.
	ramels) of Ateriulal Tunolned		Is their statement attached?
☐ Yes ☐ No · ☐ Yes ☐ No		☐ Yes ☐ No	□ Yes □ No
		☐ Yes ☐ No.	· □ Yés □ No

EXHIBIT D EXHIBIT D

Attachment B



າງໄປ ນອntana Department of Corrections

Statement of Incident

Title: Whitford #	3015941 Use Of	Force		•	Statement #:	5375
Incident Date:	02/21/2021	Incident Time:	08:20 AM	•	Statement Date:	02/21/202
Jurisdiction: M	ontana State Pris	on		Subr	nission Category: S	Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/4/From RHU Yard to his cell

Summary of Incident

On the above date and time, I Sgt Orrino was walking I/M Whitford #3015941 back to his cell from the RHU Yard with C/O Buckles when I/M Whitford was given a direct order to stop so he could be patted down. At that time, I/M Whitford refused and pulled forward refusing the pat down. Again I/M Whitford was given a direct order to stop so he could be patted down refused and still pulled forward. Whitford was given one more direct order to stop resisting. At that time is when I/M Whitford was placed on the ground for refusing direct orders and pulling away from me and C/O Buckles. Once on the ground I/M Whitford began threating me and telling me he is going to kill me! Leg irons were placed on the I/M at this time. Once the I/M was restrained we stood up and I over/Under his arms to bring him back to the cell that he is living in. Once we got into the cell I/M Whitford was told to stay on the bed while we retrieved the leg irons. Once retrieved we stoop up and backed out of the cell. I/M Whitford did stay on the bed until the door started to close and once it started to close, he got up and kicked me making, contact with my stomach and spit at me before the door closed. He then tried pulling away when C/O Paull was taking the cuffs off and broke the cuff key, but cuffs were taken off and retrieved. EOR

Involved Persons

Category	Person	Narrative	-
Staff	Clark, Grant	· · · ·	,
Staff	Huerta, Chloie		
Staff	Paull, David		
Staff	Forrest, William		
Staff	Buckles, Ryan		
Offender	Whitford, Makueeyapee - 3015941		

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Orring, Robert

Reporting Staff:

Orrigo Robert

Title: Correctional Sergeant

Date:

Notes

Signature:

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Reviewed Distributed

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All sthis incident will be collected and combined into a single incident report.

Page 1 of 2





Statement of Incident

Title: Whitford #3015941 Use Of Force	е		Sta	tement #:	5375
Incident Date: 02/21/2021 In	cident Time:	08:20 AM	Statem	ent Date:	02/21/202
Jurisdiction: Montana State Prison			Submission C	Category:	Submitted
Supervisor Name: \(\lambda\) \(\lambda\)		Title	977		
Supervisor Name: \(\frac{1}{2}\) Large	20	Ittle:	386		
Signature: 856		Date:	2.21-2021		
Routing List (Place an X next to th	ose this repo	rt will be distribu	ted to):		
Helena Office	Secu	rity Major		Medical	
MSP Duty Officer	Unit f	Manager		Maintena	nce
Warden or Designee	Comi	mand Post		Investiga	tor's Office
Deputy Warden	Inma	te Records File		MCE	
Associate Warden	Inma	te Unit File		Safety Co	ommittee
Other				11 11 16 5.	



Statement of Incident

Incident Time:

Title: Whitford Use of Force

Statement #:

53767

Incident Date:

02/21/2021

08:20 AM

Statement Date: 02/21/2021

Jurisdiction: Montana State Prison

Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/4/Outside of Main Control

Cage

Summary of Incident

On the above date and time I C/O Huerta was running the yard control gate when C/O Buckles and Sergeant Orrino pulled inmate Whitford, M #3015941 back in from yard since he requested to go back into his cell. At this time when out of the yard gate C/O Buckles initiated a routine pat search Whitford then became aggressive, turned his head and upper torso facing Sergeant Orrino on his left and stated "I fucking just got pat searched." C/O Buckles then gave him a clear verbal instruction to face forward and keep walking. As they were escorting Whitford out I secured the main gate and I could hear C/O Buckles again state keep walking to Whitford. When I turned back around facing the main control cage to help escort Whitford back I saw Whitford turn once again and at this time Sergeant Orrino utilized physical force and his body weights momentum to bring Whitford to the ground and onto his stomach. When he was on the ground I saw that C/O Forrest had control of one of his legs as he was trying to get the leg restraints from the main cage officer. I handed the yard keys I had in my hand to C/O Clark and maintained control of his legs. I had my knees on his left leg while my hands were securing his right leg. During this time C/O Forrest was able to retrieve leg restraints and place them on inmate Whitford. Once everything was secure Sergeant Orrino and C/O Buckles helped Whitford to his feet and we escorted him. back to his cell. He also made assaultive threats towards Sergeant Orrino during the escort. Once we arrived to his cell he was placed on the bed face down on his stomach while we retrieved the leg restraints I maintained control of his calves C/O Forrest held his feet and C/O Paull removed the restraints. Once the leg restraints were removed Whitford was then instructed to remain on his bed while we exited the cell and it was secured. While the door was closing at approximately halfway I could see Whitford attempt to kick through the door with no result. At the last second before the door shut he also spit but I could not see if it struck anyone. EOR

Involved Persons

Category	Person	Narrative	
Staff	Forrest, William	:	
Staff	Orrino, Robert		
Staff	Buckles, Ryan		
Staff	Paull, David		1
Staff	Clark, Grant		
Offender	Whitford, Makueeyapee - 3015941		, .

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Huerta, Chloie

Reporting Staff:

Huerta, Chloie

Title: Correctional Officer 1

Signature:

Notes





Statement of Incident

Title: Whitford I	Jse of Force	•	•		Sta	tement #:	53767
Incident Date:	02/21/2021	Incident Time:	08:20 AM		Statem	ent Date:	02/21/2021
Jurisdiction: M	ontana State Pris	on '		S	ubmission (Category:	Draft
						<i>;</i> *	
No Notes are as	sociated with this	Incident Statement			-		
NOTE: Supervi	sors must revie	w all reports for	accuracy befo	re sig	ning off		
Supervisor Rev	iew and Remarks	s: Rousewec	1/ Distribute	و کم			-
			<i>[</i>				
Supervisor Nan	ne: <u>W lar</u> :	SON	Tit	le:	886		
Signature:	SO 10/1	<u> </u>	Da	te: <u></u>	1-21-2021	<u>, </u>	
Routing List (P	lace an X next	to those this rep	ort will be dist	ributed	l to):	-	
Helena	Office	Sec	urity Major			Medical	
MSP D	uty Officer	Unit	Manager ·			Maintena	nce
Warden	or Designee	Con	nmand Post			Investiga	tor's Office
Deputy	Warden	Inma	ate Records File			MCE	:
Associa	ite Warden	Inm	ate Unit File			Safety Co	ommittee
Other		•					







Statement of Incident

Title: use of force	÷				Statement #:	53761
Incident Date:	02/21/2021	Incident Time	e: 08:20 AM		Statement Date:	02/21/2021
Jurisdiction: Mo	ntana State Prison				Submission Category:	Draft ~
ncident Scene						
Incident Occurre	d at Facility? Yes			-	<u> </u>	
Location: Monta	na State Prison/Ma	ximum Securii	ty/common area	a on the	main cage side of RHU	
Summary of Inc	ident					
inmate Whitford to left leg. Paull was legs do to him stru cage. Once I got the inmate Whitford to leg restraints off. Valosing and then ke	the ground. I then trying to get the be iggling, and i got up he leg restraints I pound his cell and put his vethen backed ou icked at SGT Orring	Secured inma illy and le restra and told the cout them on inm m on his bed. I t of the cell and	te Whitfords rig aints from the c cage officer to s nate Whitfords a Huerta and I he d inmate Whitfo	tht leg a age and lide the ankles s ld inmat ard then	A-Block and SGT Orrino hand Huerta secured inmate of Huerta had both of inmate leg restraints under the doso he could not kick. We the Whitfords feet while Paus spit at SGT Orrino while the kick hit SGT Orrino. EOR	Whitfords Whitfords or of the en escorted Il took the
nvolved Person				-		
Staff H			Narrative			
Information Sour						
Reporting Staff:	Forrest, Willia	m		Title	Correctional Officer 1	
Signature: <u>Nali</u> Notes		t, gr			2/21/4	· ———
	ociated with this Inc	ident Statemer				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•			_		
NOTE: Supervis	ors must review	all reports to	or accuracy i	petore	signing off	
Supervisor Revie	w and Remarks:	Reviewe	d/Distrib	ited		
Supervisor Name	: W large	N .		Title:	<i>S</i> 5.6	
Signature: 🕿 🤆	1 Dan			Date:	2.21.2021	
Routing List (Pla	ice an X next to	those this re	port will be o	listribu	ited to):	<u>. </u>
Helena O	ffice	Se	ecurity Major		Medical	
MSP Duty	/ Officer	U	nit Manager	,	Maintena	nce
Warden o	r Dęsignee	C	ommand Post	ı	Investigat	or's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: use of for	ce			Statement #:	53761
Incident Date: Jurisdiction: M	02/21/2021 Iontana State Pri	Incident Time:	08:20 AM	Statement Date: Submission Category:	
	A				
Deputy	Warden	Inma	te Records File	MCE	
Associa	ate Warden	Inma	te Unit File	Safety Co	ommittee
Othor					





Statement of Incident

Title:	Resistive Inmate Resulting	g in Use of Force	Statement #:	53749

Incident Date: 02/21/2021 Incident Time: 08:20 AM Statement Date: 02/21/2021

Jurisdiction: Montana State Prison Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/4/Next to the Main Control

Cage.

Summary of Incident

On the above date and approximate time, I, Officer R. Buckles was escorting inmate Whitford, (AO#3015941), who was cuffed behind his back, in Restrictive Housing Unit (RHU) from the yard back to the housing block when he became agitated during a routine pat search I was conducting. I placed my hands on Whitford's shirt collar when he suddenly turned his head and upper-torso to the left, facing Sergeant Orrino. He said," I just fucking got pat searched coming out here." While I finished conducting my pat search, I gave clear verbal commands to "face forward". We took a few steps toward the Main Control Cage, with Sergeant Orrino on his left and me on his right. Whitford, ignoring my previous verbal orders, turned his body a second time and said something I could not decipher. I gave another verbal order to "keep walking" when Whitford turned around for a third time. Sergeant Orrino, utilizing physical force and the momentum from his body weight, brought Whitford to the ground onto his stomach in front of the Main Control Cage. Being on Whitford's right side, I utilized a c-clamp hold with my right hand around the back of his neck to maintain control of his head, as he was resisting by thrashing his body and moving his head. I maintained control of his right arm with my left hand, while other staff went to retrieve the leg irons. Once the leg irons were placed on him, we helped Whitford to his feet and escorted him back to his cell. He was making assaultive statements during the escort to Sergeant Orrino. Once we arrived inside Whitford's cell we placed him on his bed faced-down, in order to retrieve the leg irons. I maintained control of Whitford's right arm, while Sergeant Orrino maintained control of his left. After retrieving the leg irons we gave Whitford verbal instructions to remain on his bed while we retreated outside his cell and secured the door. While the door was halfway closed Whitford got off his bed and tried to kick through the open door with negative results. He also spit through the opening just before it shut. I did not see if it struck anyone. As Officer Paull retrieved the handcuffs through the food slot, Whitford pulled away and, as a result, broke Pauli's handcuff key. This concludes my involvement in this incident. End of report.

Involved Persons

Category	Person	Narrative	·
Staff	Orrino, Robert	Sergeant on duty	•
Offender	Whitford, Makueeyapee - 3015941	Suspect	
Staff	Paull, David	Officer on duty	
			

Source and Documentation

Anonymous Informant: No Information Source: Staff

Reporting Staff: __Buckles, Ryan Title: Correctional Officer 1

Signature: Date: 2-7 -2021

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Resistive Inmate Resulting in Us	e of Force	Statement #: 53749
Incident Date: 02/21/2021 Inc	cident Time: 08:20 AM	Statement Date: 02/21/2021
Jurisdiction: Montana State Prison	·	Submission Category: Submitted
Supervisor Review and Remarks:	Reviewed/Distributed	
Supervisor Name: \(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Title:	SSG
Signature: 586 10 Per	Date:	2-21-20-21
Routing List (Place an X next to th	ose this report will be distribu	ted to):
Helena Office	Security Major	Medical
MSP Duty Officer	Unit Manager	Maintenance
Warden or Designee	Command Post	Investigator's Office
Deputy Warden	Inmate Records File	MCE
Associate Warden	Inmate Unit File	Safety Committee
Other	•	-





Title: I/M Whitfo	rd Use of Force			Statement #:	53757
Incident Date:	02/21/2021	Incident Time:	08:15 AM	Statement Date:	02/21/2021
Jurisdiction: Mo	ontana State Prison			Submission Category:	Submitted
Incident Scene	8				
Incident Occurre	ed at Facility? Yes			√.7°	·
Location: Monta	ana State Prison/Ma	ximum Security/M	ontana State Pris	on, RHU, by the Cage	_
Summary of Inc	ident			, *	
going out. Officer Sergeant Orrino t Whitford started t search again. Wh took Whitford to the were received fro	Buckles went to co o let Officer Buckles o turn on him. Serg- litford stood for a pa he ground. Sergean	nduct a pat search s do a pat search. eant Orrino gave V it search then start t Orrino, Officer Bo ain Whitford. Whitfo	 Whitford refused Officer Buckles w Whitford a direct o ed to turn on Office uckles, Huerta, ar ord was then rest 	ked to come back in from yad and then got a direct order ent to conduct the pat searcher to let Officer Buckles do cer Buckles again. Sergeant and Paul held him there while rained and taken to his cell but to the cell but the conduction of the cell but t	from h and a pat Orrino then restraints
Involved Persor	าร		- '		
Category P	erson "	Nari	rative		
	Vhitford, Makueeyar	pee -			r
	01 <u>5941</u> Orrino, Robert				
	orrest, William				
	auli, David				
Staff H	luerta, Chloie		·		
Staff B	uckles, Ryan				
Source and Dod	umentation		-		
Anonymous Info		- <u> </u>			
Information Sou	rce: Staff - Clark, 0	∋rant	* "		
Reporting Staff:	Clark, Grant		Title	: Correctional Officer 1	- 4
Signature:	ant Il	er de		: 2/21/21	
Notes	wic - w			· <u>· · · · · · · · · · · · · · · · · · </u>	
	ociated with this Inc	ident Statement	·	<u> </u>	
- 4		, · · ·	A*	* * *	v
NOTE: Supervis	ors must review	all reports for a	ccuracy before	signing off	
Supervisor Revie	ew and Remarks:	Reviewed/	Distribute		· · · · · · · · · · · · · · · · · · ·
Supervisor Name	e: W Larson		Title	:_ <i>8</i> 26_	
Signature: 886	won	<u> </u>	Date	221.2021	* · · · · · · · · · · · · · · · · · · ·
Routing List (Pl	ace án X next to	those this repor		*	ų f

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.





Title: I/M Whitfo	ord Use of Force			Statement #:	53757
Incident Date:	02/21/2021	Incident Time:	08:15 AM	Statement Date:	02/21/2021
Jurisdiction: M	ontana State Pris	son		Submission Category:	Submitted
Helena	Office	Secu	rity Major	Medical	
MSP Du	ity Officer	Unit	Manager	Maintena	nce
Warden	or Designee	Com	mand Post	Investigat	tor's Office
Deputy	Warden	Inma	te Records File	MCE	
Associat	te Warden	Inma	te Unit File	Safety Co	ommittee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.





Title: Whitford	use of force			Statement #: 53753
Incident Date:	02/21/2021	Incident Time:	09:15 AM	Statement Date: 02/21/2021
Jurisdiction: N	Montana State Prison	.		Submission Category: Submitted
ncident Scen	9 ·			
Incident Occur	red at Facility? Yes			
Location: Mor	itana State Prison/Ma	aximum Security/Ri	unning yard in on p	orimary side of RHU in front of control.
Summary of Ir				
#3015941 was officers escortin restraints from to officers then eschard leg restraint Whitford spatial order to uncuff to break off in c	being escorted back g him. Inmate Whitfo he primary control. A corted whitford back hts were then remove and kicked and sgt Ori and Whitford did so a uffs EOR.	to his cell Whitford ord was escorted to fiter receiving the re- to his cell and gave ord from inmate white from when the door	became combative the ground. I office estraints and apply e him the direct ord ford and the office was closing. Whitfo	imary side of RHU inmate Whitford,M e and tried pulling away from the er Paull requested hard leg and belly ing them to inmate Whitfords legs the der to lay belly down on his bunk, the rs began leaving his cell one at a time. ords cell door shut I gave him a direct it while uncuffing causing the cuff key
involved Pers		<u> </u>	rative	
			Title:	Correctional Officer 1
Signature:	///_		Date:	2/21/21
Notes	· · · · · · · · · · · · · · · · · · ·			
	ssociated with this In	cident Statement		
NOTE: Super	visors must reviev	v all reports for a	accuracy before	signing off
	view and Remarks:	/	patr: buted	
Supervisor Na	me: N Larco	<u> </u>	Title:	826
Signature: SS	allan		Date:	2.21.202.1
Routing List (- Place an X next to	those this repo	rt will be distrib	uted to):

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.





Incident Date: 02/21/2021 Incident Jurisdiction: Montana State Prison Incident Scene Incident Occurred at Facility? Yes Location: Montana State Prison/Maximum S Summary of Incident On the above date and time I CSRT Moe was medical after the immediate use of force by R All Whitford wanted was a bubble sheet and heliovolved Persons Category Person Staff Moe, Nicholas Offender Whitford, Makueeyapee -	Security/Restrictive Housing/ s called to RHU to ask Inmat tHU staff. Whitford was aske	e Whitford 3015941 if he wanted to se
Incident Scene Incident Occurred at Facility? Yes Location: Montana State Prison/Maximum S Summary of Incident On the above date and time I CSRT Moe was medical after the immediate use of force by R All Whitford wanted was a bubble sheet and hovolved Persons Category Person Staff Moe, Nicholas	s called to RHU to ask Inmat HU staff. Whitford was aske his glasses.	/A/LOWER/4/LA4 of RHU e Whitford 3015941 if he wanted to se
Incident Occurred at Facility? Yes Location: Montana State Prison/Maximum S Summary of Incident On the above date and time I CSRT Moe was medical after the immediate use of force by R All Whitford wanted was a bubble sheet and revolved Persons Category Person Staff Moe, Nicholas	s called to RHU to ask Inmat HU staff. Whitford was aske his glasses.	e Whitford 3015941 if he wanted to se
Incident Occurred at Facility? Yes Location: Montana State Prison/Maximum S Summary of Incident On the above date and time I CSRT Moe was medical after the immediate use of force by R All Whitford wanted was a bubble sheet and benevolved Persons Category Person Staff Moe, Nicholas	s called to RHU to ask Inmat HU staff. Whitford was aske his glasses.	e Whitford 3015941 if he wanted to se
On the above date and time I CSRT Moe was medical after the immediate use of force by R All Whitford wanted was a bubble sheet and hovelved Persons Category Person Staff Moe, Nicholas	s called to RHU to ask Inmat HU staff. Whitford was aske his glasses.	e Whitford 3015941 if he wanted to se
On the above date and time I CSRT Moe was medical after the immediate use of force by R All Whitford wanted was a bubble sheet and hold by the modern of the	HU staff. Whitford was aske nis glasses.	
medical after the immediate use of force by R All Whitford wanted was a bubble sheet and bu	HU staff. Whitford was aske nis glasses.	
Category Person Staff Moe, Nicholas	Narrative	
Staff Moe, Nicholas	Narrative	
		100
0045044		
Source and Documentation		
Anonymous Informant: No		
Information Source: Staff - Moe, Nicholas		
Reporting Staff: Moe, Nicholas	Title:	Correctional Officer 1
Signature: Lieholm W	Tue Date:	2.21.21
Notes		
No Notes are associated with this Incident Sta	atement	
NOTE: Supervisors must review all res		-11
NOTE: Supervisors must review all repo	orts for accuracy before	signing on
Supervisor Review and Remarks: Rev.	rewed Distributed	
Supervisor Name: W Jarson	Title:	556
Signature: 843 /s Zan	Date:	2.21.2021
Routing List (Place an X next to those t		
Helena Office	Security Major	Medical
MSP Duty Officer	Unit Manager	Maintenance
Warden or Designee	Command Post	Investigator's Office
Deputy Warden	Inmate Records File	MCE
Associate Warden	Inmate Unit File	Safety Committee
Other	Annato Ont i no	Salety Committee





Title: Use of Fo	гсе	-		Statement #:	53747
Incident Date:	02/21/2021	Incident Time:	08:45 AM	Statement Date:	02/21/2021
Jurisdiction: M	ontana State Prisor	1		Submission Category:	Draft
Incident Scene					
Incident Occurr	ed at Facility? Yes		-		
Location: Mont	ana State Prison/Ma	aximum Security/F	Restrictive Housing//	VLOWER/4	
Summary of Inc	ciden <u>t</u>				
of force. Three IF offender refused	S officers and this	nurse went to the was sitting in bed,	cell door and offered alert with clear spee	side at RHU following a red d medical care multiple time ech. No injuries could be so	es and the
Involved Perso	ns				
	Person		rrative		
	Whitford, Makueeya 3015941	-			
Source and Do					
Anonymous Info					
Information Sou	ırce: Offender - W	hitford, Makueeya	pee 3015941		
Reporting Staff:	Jamieson, Al	ishia	Title:	Registered Nurse 2	
Signature:	Doshia	7801mm	Date:	731/200A	
Notes		J			
	sociated with this In	cident Statement			-
,			anduranu hoforo	signing off	
NOTE: Supervi	sors must review	van reports for	accuracy before	signing on	
Supervisor Rev	iew and Remarks:	Reviewed	Distributed		
		,			
Supervisor Nam	ne: <u>W lar</u>	SON	Title:	856	
Signature: SS	6 ada	<u> </u>	Date:	2.21.7021	
			· ort will be distribu	uted to):	
Helena			urity Major	Medical	
MSP Du	ıty Officer	 Unit	Manager	Maintena	ınce
	or Designee	-	nmand Post	Investiga	tor's Office
Deputy	_	•	ate Records File	MCE	
	te Warden		ate Unit File	Safety C	ommittee
Other					
	te warden		ate Offit I file	Galety O	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 78 of 527

MSP∭ M DISCIPLINA	ARY INFRACTION REPORT / NOTICE OF H valion and staff signatures on this form must be legi major Minor """	EARING
Inmate Name: Last name Date: 2-10-21 Room/Cell: LA8 Infraction Number(s) & Name(s)	First Name 405 Place of Incident: 801 / Init: RHU Job Assignment: 4111 - Assorting Staff with unknown	1D# <u>3015941</u> P RHU_LA8 un_fluids
Staff Witness: 1 2	Other Inmates involved	1
A-Black observed. Fuse talk	Inmote Whiterds water because in to let him know that I was a water off to Stop the flood	- de black Freeho
Reporting Staff Member	(Sign	Name)
Supervisor Review:		Name)
etc.) For placement in Pre-Hearing Confinement, I hav	s, corrections of change, and to ensure all necessary information we reviewed the impact that restrictive housing may have on meding and have determined that separation from the general inmate (Date) (Warden or	fical and mental health conditions exhibited and
1. Hearing Date:	NOTICE OF HEARING/PREHEARING ACTION informed of my right to attend and present evidence at a hearing. ine:hrs. Place: fno, verbally explain the charge(s) to the inmate). yes, have inmate sign an Agreement/Waiver/Refusal form) yes to loo If inmate has witnesses or needs witness statements.	
I understand, if found guilty, I will be subject to in (Staff Signature) Attachment B	mposition of the sanctions as outlined in the institutional inm 2-12-21 (Date & Time) MSP 3.4.1, Institutional Discipline	(Jamate's Signature / ID#) Effective January 1, 2020

	RECEIVED
	RECEIVED BY
	FEB 11 2021
MINOR	DISCIPLINARY
M	ID# 3015941
First Name	
ce of Incident: KHU LA8	P
on Staff with warran	y fluide
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4.	
Other Inmates involved 1.	VA
2	
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Un the abou	ne date and
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between the door and	the wall. The
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the block.	
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Gen es	les
1300	, uy
Say (Sign Name)	
19/ Jonesox	
(Sign Name)	
fental Health by:	
and to ensure all necessary information is attached (e	vidence, incident/witness reports
and to ensure all necessary information is attached (e hat restrictive housing may have on medical and ment	al health conditions exhibited and
and to ensure all necessary information is attached (e hat restrictive housing may have on medical and ment d that separation from the general inmate population is	al health conditions exhibited and
hat restrictive housing may have on medical and ment d that separation from the general inmate population is	al health conditions exhibited and
hat restrictive housing may have on medical and ment d that separation from the general inmate population is	tal health conditions exhibited and s necessary due to the above-
hat restrictive housing may have on medical and ment d that separation from the general inmate population is Zoz(tal health conditions exhibited and s necessary due to the above-
hat restrictive housing may have on medical and ment d that separation from the general inmate population is // ZOZ/ ate) (Warden or Designee Signate) [EARING/PREHEARING ACTION]	tal health conditions exhibited and s necessary due to the above-
hat restrictive housing may have on medical and ment d that separation from the general inmate population is // 202/ ate) (Warden or Designee Signature) IEARING/PREHEARING ACTION ttend and present evidence at a hearing. Place:	tal health conditions exhibited and s necessary due to the above-
hat restrictive housing may have on medical and ment d that separation from the general inmate population is (Warden or Designee Signate) IEARING/PREHEARING ACTION ttend and present evidence at a hearing. Place: charge(s) to the inmate).	tal health conditions exhibited and s necessary due to the above-
hat restrictive housing may have on medical and ment d that separation from the general inmate population is V ZOZ (Warden or Designee Signate)	nature) (Date)
hat restrictive housing may have on medical and ment d that separation from the general inmate population is // 202(atte) (Warden or Designee Sign IEARING/PREHEARING ACTION Ittend and present evidence at a hearing. Place: e charge(s) to the inmate). n Agreement/Waiver/Refusal form) has witnesses or needs witness statements have the in	nature) A conditions exhibited and senecessary due to the above- A conditions exhibited and se
hat restrictive housing may have on medical and ment d that separation from the general inmate population is V ZOZ (Warden or Designee Signate)	nature) A conditions exhibited and senecessary due to the above- A conditions exhibited and se
hat restrictive housing may have on medical and ment d that separation from the general inmate population is ZOZ (Warden or Designee Signate) (Warden or Designee Signate) (Warden or Designee Signate)	nature) A conditions exhibited and senecessary due to the above- A conditions exhibited and se
	First Name First Name Job Assignment: 801 6 on Staff with Unknown On the above An I/M out to take After was running out in sked the cla and I/M white the dam I/M white the block. Specification of the block. Sign Name Specification (Sign Name) Sign Name Sign Name

Attachment B

MSP 3.4.1, Institutional Discipline

STATE CANONIANA DEPARTMENT OF CURECTIONS

MSP 🔽	MWP 🗌	CONTRACT FACILITY:
MSP 💹	MWP∐	CONTRACT FACILITY:

Agreement / Waiver / Refusal Form

÷	~		
	Major/Minor Inmate Disciplinary	Infractions	•
Agreement	Waiver to Attend Hearing 🔲		ttend Hearing 🗌
Inmate Name: Whitf	ord makueeyapee	ID#:_30]	5941
Date: 2/12/21	Time: 0930	Housing Unit: RHU	
Infraction Number(s) and Desc	ription: 4111-assaulting	staff	
	<u> </u>	Σ	
guilty on the violation(s) liste	gment of the DHO/Housing UMT that the date of the date	iere is sufficient evidence foi	a finding of
(Circle number of prior guilty decisions	the number of prior Major/Minor Infraction Report within the timeframe [not each rule violation]. Find g	rid level to use by adding current & pr	d Level to Use: 3
		· C · · · · · · · · · · · · · · · · · ·	
agreement with the DHO/UMT, a	and accept the sanction(s) offered above for the nd by signing it, I understand that this conclude	e infraction(s) tisted above. By a es the disciplinary process for the	entering inis e infraction(s) listed
above, and waive my right to a he	edring and appeal.		
Inmate Signature:	Jeg N) W/	Date:	5/12/3021
Waissan to Attand Disais	olinary Hearing: Inmate waives right	a bearing and appeal	
Inmate Signature:		Date:	
☐ Refusal to Attend Disci	nlinary Hearing:		
		or his/har haaring (S)ha rafusa.	Vdaclinad to attend
(S)he was advised that the hearing	that it was time f g would proceed on the basis of evidence provi	ded. (S)he still refused/declined	stating:
Inmate Signature:		Date:	
Officer/Witness Signature:_		Da	te:///
Disciplinary Hearing Officer	/Unit Disciplinary Deam Canui	Walster Da	te: [2] [2][2][
Administrative Review Signa	ature:	Da	te: 12 18/12024
Copies to: Records (White)	Parole Board-Majors only (Yellow)	Housing Unit (Pink) Inma	te (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline

	TANA DEPARTMENT OF CORRECTIONS	<u>ر</u>
	CONTRACT FACILITY:	
	FRACTION REPORT / NOTICE OF HEARING ion and staff signatures on this form must be legible)	
	AJOR MINOR	
	MAKUEEYADEE ID#3015941	
Date: 2/9/21 Last name Time: 1135	Place of Incident: Place of Inci	
Room/Cell: LAS Housing Unit: Q	Joh Assignment: 99999 Nossignation	_
Infraction Number(s) & Name(s) 4210 - T	restruction of state property	_
<u>4220- 7</u>	Impeding Staff	_
		_
		_
Staff Witness: 1.	Other Inmates involved 1.	
2	2	_
Description of Violation: (who, what, why, w	where, when and how): ON the above Tom Whitford	
tore up his state matters a	and Flooded the block Staff was taken away From	<u>~</u>
other Unit Jobs. NO Further In	cidents occuros.	_
		_
	END of REport	
		_
		_
·		_
		_
	·	_
		_
REPORTING STAFF MEMBER:	21	
- J	(Print Name) (Sign Name)	
Supervisor Review:	(Print Name) (Sign Name)	
Inmate Status:		
Reason: Currently on the status		
' ' }	ness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports,	_
etc.)		
(Shift Supervisor's Signature)	(Date) (Warden or Designee Signature) (Date)	_
NOTICE	OF HEARING/PREHEARING ACTION	
I have received a copy of this notice and have been informed of I. Hearing Date:/ Time:	hrs. Place:	
3. I waive my right to a hearing? Res \(\sime\) No (if yes, blave i	Ily explain the charge(s) to the inmate).	
4. Present evidence and Autoses on by serify Trop I'N 5. Other pertinent northing	No Limpate teat witnesses, hard high best simpleted witness Refuget John 196	
7000	imposition of the sanctions as outlined in the institutional inmate	
disciplinary operational procedure. I also under	stand that by refusing to sign I am waiving my hearing my right to	
witheses and witness statements and my right i	to an appeal	
(Staff Signature)	(Date & Time) (Inmale's Signature / 19#)	

Attachment B

MSP 3.4.1, Institutional Discipline

STATI MINIONTANA DEPARTMENT OF SREECTIONS

SIAII. MONTANA DEL ANTIMENTO I CONCESS	
MSP MWP CONTRACT FACILITY:	
Agreement / Waiver / Refusal Form	
Major/Minor Inmate Disciplinary Infractions	
Agreement Waiver to Attend Hearing	Refusal/to Attend Hearing
Inmate Name: Whitford, Makueeyapee	ID#: 3015941
Date: 2/10/21 Time: 1/22 Housing Unit:	RHU
Infraction Number(s) and Description: 4210 - Dest. of Prope	vty; 4220-
Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient guilty on the violation(s) listed above.	nt evidence for a finding of
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 (Circle number of prior) guilty devisions within the timeframe [not each rule violation]. Find grid level to use by a Sanctions:	4 G Grid Level to Use:
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) liagreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinar above, and waive my right to a hearing and appeal. Inmate Signature: All MA ACHOL LIPOU	
☐ Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and	appeal.
Inmate Signature:	Date:/
☐ Refusal to Attend Disciplinary Hearing:	
I told Inmatethat it was time for his/her hearing (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still r	g. (S)he refused/declined to attend. efused/declined stating:
Inmate Signature:	Date: / /
Officer/Witness Signature:	Date: / /
Disciplinary Hearing Officer/Unit Disciplinary Jean & Klanck	Date: 2/10/21
Administrative Review Signature:	Date: Z (11 /2021
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline

			NT OF CORRECT		E
			LITY: C/NOTICE OF HE		
		l staff signatures on this fo			
Inmate Name: Whitfor)	D	٢	M	ID# <u>301</u> 5	5941
Date: 2/9/21 Last name Time	ne	D1 C7 11	First Name		
Room/Cell: LAB Housin	: <u>1135 </u>	Place of Incident: Job	RHW A-60 Assignment: 6999	9 throat well	
Room/Cell: LAB Housin Infraction Number(s) & Name(s)	4111 - A++	empted Assa	ult of A Sta	of member	
			-		
•	<u> </u>	.			
Staff Witness: 1.					
^			mates involved 1		
			\ \		
Description of Violation: (who, who fifty Flooding his cell fitted door. It is work	iat, why, where	when and how):	as the above	Date AND TIM	\ <u>E</u>
f the door . It is wike	May GROW	where or not	the water w	on mark over +	m top
	-,	 ,	S KIT OF	- 	
				EPO	
				1 >	
					
	· 				
				$\overline{}$	 _
REPORTING STAFF MEMBER:	<10	,	1°		
	<u> </u>	(Print Name)	<u> </u>	(Sign Name)	_
Supervisor Review:		(Print Name)		(Sign Name)	
Inmate Status:	Confinement	· /	Previous Status	☐ Other	
Reason: currently on phe					
I have reviewed this report for legibility, complete	teness, correctness of	charge, and to ensure all n	ecessary information is atta	ched (evidence, incident/witness	reports,
etc.)		219 12021			1 1
(Shift Supervisor's Signature)	NOTICE OF H	(Date) EARING/PREHEAR	(Warden or Desig	gnee Signature)	(Date)
I have received a copy of this notice and have be 1. Hearing Date://	en informed of my rig	ht to attend and present ev	ridence at a hearing.		
I waive my right to a hearing? [Mage] N	o (if no, verbally expl	ain the charge(s) to the inr	m c . c . 1	0 ()	
4. Present evidence and witnesses of my beha 5. Other pertinent notations:	ifi ∐Yes ∐No If in	materias wickeses hale	itminer complete it Witnes	Kirthyto INV	goti suchon
I understand, if found guilty, I will be	e subject to impo	sition of the sanctio	ns as outlined in the	institutional inmate	
disciplinary operational procedure. I	also understand	that by refusing to	sign I am waiying m	y hearing, my right to	.
PI VILLANDO DE LA CONTRACTOR DE LA CONTR	usususgat to all	ומלק	\vee \wedge \wedge	15	-
(Staff Signature)					
		(Date & Time)		Inmate's Signature AD	

Attachment B

MSP 3.4.1, Institutional Discipline

STATE THE ONLY NAMED TO STATE OF CORPUS CONTINUES
MSP MWP CONTRACT FACILITY:
Agreement / Waiver / Refusal Form
Major/Minor Inmate Disciplinary Infractions
Agreement Waiver to Attend Hearing Refusal to Attend Hearing Inmate Name: Whitford, Makueeyapee ID#: 305941 Date: Housing Unit: PHU Infraction Number(s) and Description: 4108(4111) - PHEMPT ASSOULT ON TALL.
Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above. For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use (Circle number of prior guilty decisions within the timeframe [not each rule violation]. [Find grid level to use by adding current & prior guilty decisions). Sanctions:
Wish to enter into an Agreement and accept the sanstion(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal. Inmate Signature: Date: 2 / 10 / 21
Weisser to Assert Dissiplinary Western T. A. S.
Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal. Inmate Signature: Date: / /
Refusal to Attend Disciplinary Hearing: I told Inmate that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating:
Inmate Signature: Date: / /
Officer/Witness Signature:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 85 of 527

STATE IN	'ANA DEPARTMENT OF CORRECTIONS	RECEIVED BY FEB 08 202
MSP MWP □	CONTRACT FACILITY:	RECT OF SULL BY
	FRACTION REPORT / NOTICE OF HEARING and staff signatures on this form must be legible)	FEB ON INAK.
	JOR MINOR	DISCIPLE
Inmate Name: Whitford Last name	Makveeyapee First Name	ID# <u>3015941</u>
Date: <u>2/6/21</u> Time: <u>1530</u>	Place of Incident: SAI) (-13/ock	
Room/Cell: 1C2 Housing Unit:	5A0 Job Assignment: 98999-0	Unassighed
	saulting any other person	man af a
1210 = 12	astroping, aftering, dainaging Sacility pr	9444
		
Staff Witness: 1. C/O Chambers 2. G/O Furmer	Other Inmates involved 1.	
Description of Violation: (who, what, why, where	e, when and how):	16-1
approximate time while is	acutification in much with the of the	former C2 To 1
Whitford pulled the handows	is into his cell after his left han	L was unrestrained
When Inmate Whitford pulled to	he cutts into his cell he also pull	ed my hand
	to my left wrist and breaking Key Se EOR	ig the hand cutt
	-	
~3		
~3		
3		
	lam StCff	
Reporting Staff Member Staff Member (Print Name)	Sf Cy (Sign Name)	
Reporting Staff Member Cunningh		
Reporting Staff Member / Staff Member (Print Name)		
Reporting Staff Member	(Sign Name)	
Reporting Staff Member	(Sign Name) (Sign Name)	
Reporting Staff Member	(Sign Name) (Sign Name) — Mental Health by:	
Reporting Staff Member (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: PHC - Status I have reviewed this report for legibility, completeness, correction etc.) For placement in Pre-Hearing Confinement, I have reviewed considered alternatives to placement in restrictive housing and have reviewed to placement in restrictive	(Sign Name) (Sign Name)	ealth conditions exhibited and
Reporting Staff Member (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: PHC - Statu I have reviewed this report for legibility, completeness, correction of the considered alternatives to placement in restrictive housing and hammentioned reason.	(Sign Name)	ealth conditions exhibited and
Reporting Staff Member (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: PHC - Status I have reviewed this report for legibility, completeness, correction etc.) For placement in Pre-Hearing Confinement, I have reviewed considered alternatives to placement in restrictive housing and have reviewed to placement in restrictive	(Sign Name) (Sign Name) — Mental Health by: as of change, and to ensure all necessary information is attached (evided the impact that restrictive housing may have on medical and mental health and mental health are strictive housing may have on medical and mental health and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical and mental health are strictive housing may have on medical health are strictive housing may have on the strictive housing may have on the strictive housing may have the strictive health are strictive health are strictive hou	realth conditions exhibited and cessary due to the above-
Reporting Staff Member (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: A read PHC - Statu I have reviewed this report for legibility, completeness, correction etc.) For placement in Pre-Hearing Confinement, I have reviewed considered alternatives to placement in restrictive housing and hamentioned reason (Shift Supervisor Signature)	(Sign Name)	realth conditions exhibited and cessary due to the above-
Reporting Staff Member (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: PHC - Statu I have reviewed this report for legibility, completeness, correction etc.) For placement in Pre-Hearing Confinement, I have reviewed considered alternatives to placement in restrictive housing and hamentioned reason (Shift Supervisor Signature) I have received a copy of this notice and have been informed of 1. Hearing Date: Time: And 2. I understand the charge(s)?	(Sign Name)	realth conditions exhibited and cessary due to the above-
Reporting Staff Member (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: PHC - State Thave reviewed this report for legibility, completeness, correction etc.) For placement in Pre-Hearing Confinement, I have reviewed alternatives to placement in restrictive housing and harmonitoned reason (Shift Supervisor Signature) I have received a copy of this notice and have been informed of 1. Hearing Date: Time: And 2. I understand the charge(s)? See No (if no, verbal) 2. I understand the charge(s)? See No (if no, verbal) 3. I waive my right to a hearing? See No (if no, verbal)	(Sign Name) (Warden or Name on medical and mental have determined that separation from the general inmate population is not determined that separation from the general inmate population is not determined that separation from the general inmate population is not determined that separation from the general inmate population is not determined. (Warden or Designee Signature of the separation	realth conditions exhibited and cessary due to the above-
Reporting Staff Member (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: PHC - State Thave reviewed this report for legibility, completeness, correction etc.) For placement in Pro-Hearing Confinement, I have reviewed considered alternatives to placement in restrictive housing and has mentioned reason (Shift Supervisor Signature) [have received a copy of this notice and have been informed of 1. Hearing Date: Time:	(Sign Name) (Warden or Designee (Signature) (Warden or Designee Signature)	realth conditions exhibited and cessary due to the above- Compared to the above- Compared t
Reporting Staff Member (Print Name) Supervisor Review: (Print Name) Approval for placement in PHC: Medical by: Reason: PHC - State Thave reviewed this report for legibility, completeness, correction etc.) For placement in Pro-Hearing Confinement, I have reviewed considered alternatives to placement in restrictive housing and has mentioned reason (Shift Supervisor Signature) [have received a copy of this notice and have been informed of 1. Hearing Date: Time:	(Sign Name) (Warden or Name on medical and mental have determined that separation from the general inmate population is not determined that separation from the general inmate population is not determined that separation from the general inmate population is not determined that separation from the general inmate population is not determined. (Warden or Designee Signature of the separation	realth conditions exhibited and cessary due to the above- Compared to the above- Compared t

EXHIBIT D EXHIBIT D

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

Attachment B

4	STATE OF COLECTIONS
	MSP MWP CONTRACT FACILITY:

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions	
Agreement Waiver to Attend Hearing Refu	sal to Attend Hearing 🗌
Inmate Name: Whitford, Makueeyapee ID#:	8015941
Date: 2/8/21 Time: 1/02 Housing Unit: 5A	
Infraction Number(s) and Description: 4/11 - ASSAUIT 4210 - De	
Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evide guilty on the violation(s) listed above.	ence for a finding of
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (Circle number of fig. quilty decisions within the time frame [not each rule violation]. Find grid level to use by adding cut Sanctions:	Grid Level to Use:
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed about agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process above, and waive my right to a hearing and appeal. Inmate Signature: Sel unfaction.	
Infinate Signature: 34 Million Land	ne: 0 /0 /01
☐ Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal	
Inmate Signature: Da	ite:/
Refusal to Attend Disciplinary Hearing:	
I told Inmate that it was time for his/her hearing. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/a	refused/declined to attend. leclined stating:
Inmate Signature: Da	ite:/
Officer/Witness Signature: % Ondy Solar	Date: //
Disciplinary Hearing Officer/Unit Disciplinary Defin L. KUONICKI	Date: 2/8/21
Administrative Review Signature:	Date: 2/10/2021
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink)	Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015









Statement of Incident

Title: Inmate Whitford			Statement #:	53101	
Incident Date:	02/06/2021	Incident Time:	03:30 PM	Statement Date:	02/06/2021

Jurisdiction: Montana State Prison Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/C/LOWER/2/Lower C2 & lower C1

Summary of Incident

On the above date and approximate time while conducting showers on C-Block, I Sgt Cunningham Assisted in escorting Inmate Whitford #3015941 to the shower without incident. After inmate Whitford was secured in the shower he began to escalate in asking why they weren't allowed to go to yard today. I informed Inmate Whitford that yard was cancelled due to staffing and he would not accept the reasoning. After allowed shower time was given I Sgt Cunningham returned to the block to assist with escorting inmate Whitford back to his cell. As I approached the block I was informed by CO Chambers that inmate Whitford was refusing to cuff up from the shower. I approached inmate Whitford while he was in the lower C block shower and he proceeded to refuse to cuff up. Inmate Whitford was given a direct order to cuff up where he did comply. As I Sgt Cunningham unlocked the shower gate Inmate Whitford continued making threats towards CO Chambers. I Sgt Cunningham escorted inmate Whitford to lower C2. After the cell door closed inmate Whitford placed his hands out the food hatch to have his cuffs removed. When I freed his left hand from the restraints inmate Whitford pulled his right hand with the attached restraints into his cell. When the restraints were pulled into the cell my left hand was pulled into the food hatch raking my wrist against the metal door breaking the skin. This action of pulling in the restraints also broke the cuff key on the N-34 ring. I immediately closed the food hatch and informed command post of the situation. CSRT was dispatched to deescalate the situation. While waiting for CSRT Inmate Whitford had used the #3 handcuffs to help break out the inner window to his outer cell window and flooded before CSRT was able to move inmate Whitford. Inmate Whitford was moved from Lower C2 to Lower C1. The water was turned off but Inmate Whitford was able to flood again while in lower C1 due to the toilet being turned all the way up instead of off. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	Inmate causing disturbance
Staff	Chambers, Kelly	CO Conducting showers
Staff	Farmer, Taylor	CO Conducting showers
Source and	Documentation	
Anonymous	Informant: No	
Information	Source: Staff - Cunningham, Bria	an
Reporting S	taff: Cunningham; Brian	Title: Correctional Officer Sgt
Signature:	75.C.j/	Date: 2/l/2/
Notes		
No Notes are	associated with this Incident State	ement
NOTE: Supe	ervisors must review all repoi	rts for accuracy before signing off
Supervisor F	Review and Remarks: <u>Lev</u>	riowed Distributed

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.







Statement of Incident

Title: I/M Whitford Assault			Statement #:	53099
Incident Date: 02/06/2021	Incident Time:	03:38 PM	Statement Date:	02/06/2021
Jurisdiction: Montana State Prisor	1		Submission Category:	Submitted
Incident Scene	•			
Incident Occurred at Facility? Yes	6			
Location: Montana State Prison/Hi	gh Side/Secure Ad	ljustment Unit/C/L	OWER/2/inside cell	
Summary of Incident		-	<u> </u>	
On the above date and approximate took inmate Whitford,M #3015941 or showering c/o chambers went to go tried to cuff him up and he complied go uncuff him and Whitford pulled the called Command post. While he call windows in his cell. He then shattered Chambers got the water key and start of his door at Chambers yelling "Im without to move to a new cell and got oget his water turned off without ar Involved Persons	ut of his cell to show cuff him and he stand but was still yelling e cuffs away and se ed Command Post and the inner pane to the turning off white gonna get you one got the cuffs back.	wer with no incide arted yelling and rogery. We got him into craped Cunningh inmate Whitford to his cell. Whitford these days." To Whitford then star	ent. When inmate whitford finite fused to cuff up. Sgt. Cunninghal his cell and Sgt. Cunninghal am's left arm. The Sgt. then when started hitting the cuffs of the started to flood his cell in he started to throw water of the lps team then showed up	ished ngham then m went to went and off the . C/O ut the side and got
Category Person		rative		
Staff Farmer, Taylor	ivai	-		
Staff Chambers, Kelly				
Staff Cunningham, Brian				
Source and Documentation				
Anonymous Informant: No				
Information Source: Staff - Farme	r, Taylor		**	
Reporting Staff: Farmer, Tayl	or	Title	: Correctional Officer 1	
Signature: Faufter Far	mer	Date	: <u>૭-५-૩૦૩</u> (
Notes	 ,			
No Notes are associated with this In	cident Statement			
NOTE: Supervisors must review	v all reports for	accuracy befor	e signing off	
Supervisor Review and Remarks:	Het.	Reviewed	1/Oistn' buted	
Supervisor Name: Ut-Chr	istensa	Title	: <u>Lieutenant</u>	
Signature:	Strongy	Date	:: <u>2/6/21</u>	_
Routing List (Place an X next to	those this repo	rt will be distri	buted to):	
Helena Office		rity Major	Medical	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.







Statement of Incident

Title: I/M Whitfo	ord Assault			Statement #:	53099
Incident Date:	02/06/2021	Incident Time:	03:38 PM	Statement Date:	
Jurisdiction: M	lontana State Pri	son		Submission Category:	Submitted
MSP D	uty Officer	Unit	Manager	Maintena	ince
Warder	or Designee	Com	mand Post	Investiga	tor's Office
Deputy	Warden	Inma	te Records File	MCE	
Associa	ite Warden	Inma	te Unit File	Safety C	ommittee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.







Statement of Incident

Title: I/M Whitford	Assault	•		Statement #:	53083
Incident Date: (02/06/2021	Incident Time:	03:30 PM	Statement Date:	02/06/2021
Jurisdiction: Mon	tana State Prisor	1		Submission Category:	Submitted
Incident Scene				•	
Incident Occurred	at Facility? Yes	 S			
Location: Montan	•		ljustment Unit/C	C/LOWER/2	
Summary of Incid		-	-		
handcuff him, at whe directed I/M White yell insults and three in his cell Sgt.Cunn Sgt.Cunningham can hatch and left the beauthern with the whitford began floor attempting to turn of gonna get this mother in an attempt to get the next adjacent of the size o	tich time he refus at Sqt. Cunning at Sqt. Commoding his cell, at wherfucker. I/M What he control cage all. After CSRT le	ed to allow me to he defend return to his cell ngham as he was do to uncuff him, at to cut the top of his and post. During the which time I retrieve whitford began thro hitford then began to open the door. If the unit I/M Whitford we have to whitford then began to open the door.	nandcuff him. I on the control of th	er he was done with his shower called Sgt. Cunningham onto the complied with the directive, but to the cell. After I/M Whitford we Whitford pulled away from cunningham then quickly shut to the cell was off of C Blow and shut off his water. While ir out of his cell door at me yell ing his door while yelling "opered to the unit and moved I/M Viding his new cell, at which time	ne block and continued to ras secured the food ock I/M I was ing "I'm a lower C2" Whitford to
Farmer retrieved th Involved Persons	• •	1 and turned his wa	iter oπ. E.U.R.		
Category Pe	rson	Nar	rative		-
	nitford, Makueeya 15941	pee -			
	ambers, Kelly				·
	mer, Taylor				
	nningham, Brian				
Source and Docu	mentation				
Anonymous Inform					
Information Source		oers, Kelly			
Reporting Staff:	Chambers, R		Ti	tle: Correctional Officer 1	
Signature: "		<u> </u>	Da	ate: 2/6/202/	•
Notes				- 1 7	_
No Notes are assoc	ciated with this In	cident Statement	_		
NOTE: Superviso	rs must reviev	v all reports for	accuracy befo	ore signing off	
Supervisor Review		1	1/Distri	•	
Supervisor Name:	U. Chr.	istenson	Ti	tle: <u>(ieatenant</u>	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



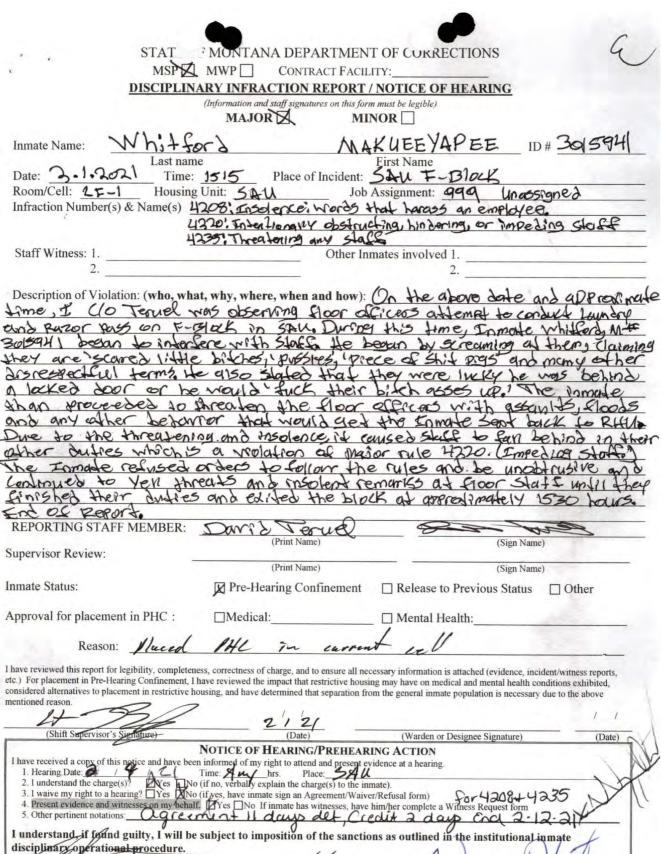




Statement of Incident

Title: I/M Whitford Assault			Statement #:	53083
Incident Date: 02/06/20	21 Incident Time:	03:30 PM	Statement Date:	02/06/2021
Jurisdiction: Montana Sta	ate Prison	;	Submission Category:	Submitted
,			* * *	<u> </u>
,				
Signature: 1-Chi	Shisa	Date:	2/6/21	4 .
Routing List (Place an X	next to those this repo	ort will be distribute	ed to):	
Helena Office	Sect	ırity Major	Medical	,
MSP Duty Officer	` Unit	Manager	Maintena	nce
Warden or Design	ee Com	mand Post	Investiga	tor's Office
Deputy Warden	Inma	ate Records File	MCE	
Associate Warden	Inma	ate Unit File	Safety Co	ommittee
Other				

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Attachment B

(Staff Signature)

MSP 3.4.1, Institutional Discipline

STATE	TANA DEPARTMENT OF CORRECTIONS
MSP X MWP □	CONTRACT FACILITY:

Agreement / Waiver / Refusal Form

	Major/Minor inmate Disciplinary	Intractions
Agreement 🔀	Waiver to Attend Hearing 🗌	Refusal to Attend Hearing [
Inmate Name: Whitf	ord Makueyapee	ID#: <u>30159Yl</u>
Date: 2/3/21	ord Makueyapee	Housing Unit: SAU
Infraction Number(s) and De	scription: 4208-Insolence	4235-Threadening
'guilty on the violation(s) lis For Sanction Purposes: [Circ (Circle number of prior guilty decisio		s: 1 2 3 4 6 Grid Level to Use: 3
agreement with the DHO/UMT, above, and waive my right to a h	pearing and appeal.	e infraction(s) listed above. By entering this . es the disciplinary process for the infraction(s) listed Date: / /
☐ Waiver to Attend Disc.	iplinary Hearing: Inmate waives right t	o hearing and appeal.
Inmate Signature:		Date:/ /
☐ Refusal to Attend Disc	iplinary Hearing: that it was time for a great the providing would proceed on the basis of evidence providing.	or his/her hearing. (S)he refused/declined to attend. led. (S)he still refused/declined stating:
Inmate Signature:		Date: / /
Officer/Witness Signature:_		Date: / /
	r/Unit Disciptinary Team	Date: / /
Administrative Review Sign	ature:	Date: 2/4/202
Copies to: Records (White)	Parole Board-Majors only (Yellow)	Housing Unit (Pink) Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline

KMU



STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ✓ MWP ☐ CONTRACT FACILITY:_

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

	MAJOR 🔀	MINOR 🗌		
Inmate Name: Whitford Last name	, M	First Name	ID# <u>301</u>	5941
Date: 10 -22-20 Time:	: i 9 00) Place of In	cident: 240 LAI	IN DESTANCE GA	206
Room/Cell: LA\ Housing Infraction Number(s) & Name(s)	4210 - Destruction	of state P.	operty	<u> </u>
Staff Witness: 1.		Other Inmates involved 1.		
2.		2.		
Description of Violation: (who, wh	ed Smachad a	food Jon in	above date	g ed
damaged the plumber moved to another	y rendering i.	A WUSABLE . L		<u>~s_</u>
Moved to another	Kell, where he	e threatened	to flood agan	<u>~</u>
			\longrightarrow	 _
REPORTING STAFF MEMBER:	Sun Javan	novie		
Supervisor Review:	(Print Name)		(Sign Name)	
1	Dra Hanring Confir	nement Release to P	revious Status	
Inmate Status:	☐ Tre-rieating Comm	·		
	☐ Medical:	☐ Mental Heal		
Approval for placement in PHC:	□Medical:		th:	
Approval for placement in PHC: Reason: Inma I have reviewed this report for legibility, complete etc.) For placement in Pre-Hearing Confinement, considered alternatives to placement in restrictive	Medical: Le Correnty ness, correctness of charge, and to en	PHC SHAP asure all necessary information is at fictive housing may have on medical	th: ached (evidence, incident/witness re	ited
Approval for placement in PHC: Reason: Inna I have reviewed this report for legibility, complete etc.) For placement in Pre-Hearing Confinement, considered alternatives to placement in restrictive mentioned reason	mess, correctness of charge, and to end that restrictionsing, and have determined that so	PHC SHOP asure all necessary information is at ictive housing may have on medical eparation from the general inmate po	th:	ited, ve / /
Approval for placement in PHC: Reason: Inma I have reviewed this report for legibility, complete etc.) For placement in Pre-Hearing Confinement, considered alternatives to placement in restrictive mentioged reason (Shift Supervisor's Signature)	mess, correctness of charge, and to end that restrictions and have determined that so (Date) NOTICE OF HEARING/P	nsure all necessary information is at ictive housing may have on medical paration from the general inmate por (Warden or Des	th:	ited, ve
Approval for placement in PHC: Reason: Inma I have reviewed this report for legibility, complete etc.) For placement in Pre-Hearing Confinement, considered alternatives to placement in restrictive mentioged reason (Shift Supervisor's Signature) I have received a copy of this notice and have be 1. Hearing Date: / / 2 / 2	mess, correctness of charge, and to end that restrictions and have determined that so (Date) NOTICE OF HEARING/P en informed of my right to attend an Time: 10 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /	asure all necessary information is at ictive housing may have on medical eparation from the general inmate position of the general inmate. (Warden or Description of the general inmate) of the inmate). (S) to the inmate). ment/Waive/Refusal form)	th:	ited, ve / /
Approval for placement in PHC: Reason: Inna I have reviewed this report for legibility, complete, etc.) For placement in Pre-Hearing Confinement, considered alternatives to placement in restrictive mentioged reason (Shift Supervisor's Signature) I have received a copy of this notice and have be 1. Hearing Date: / / / / / / / / / / / / / / / / / / /	mess, correctness of charge, and to end have reviewed the impact that restrictionsing, and have determined that so (Date) NOTICE OF HEARING/P: en informed of my right to attend an Time:	nsure all necessary information is at ictive housing may have on medical eparation from the general inmate position of the general inmate position of the impact of the inmate. (Warden or Des REHEARING ACTION of present evidence at a hearing. (s) to the impact). ment/Waiver/Refusal form) esses, have him/her complete a With the sanctions as outlined in the interest of the inter	th:	ited, ve / /
Approval for placement in PHC: Reason: Inna I have reviewed this report for legibility, complete etc.) For placement in Pre-Hearing Confinement, considered alternatives to placement in restrictive mentioged reason (Shift Supervisor's Signature) I have received a copy of this notice and have be 1. Hearing Date: / / / 20 2. I understand the charge(s)? Yes N 3. I waive my right to a hearing? Yes N 4. Present evidence and witnesses on my beha 5. Other pertinent notations:	mess, correctness of charge, and to end have reviewed the impact that restrictionsing, and have determined that so (Date) NOTICE OF HEARING/P en informed of my right to attend an Time: In hrs. Place: o (if no, verbally explain the charge o (if yes, have immate sign an Agree [II] Yes No If inmate has with the subject to imposition of	nsure all necessary information is at ictive housing may have on medical eparation from the general inmate position with the general inmate position from the general inmate. (S) to the immate).	th:	ited, ve / /

Attachment B

MSP 3.4.1, Institutional Discipline



	()	()
		NTANA DEPARTMENT OF CORRECTIONS
MSP 💢	MWP ☐ Co	NTRACT FACILITY:

DISCIPLINARY HEARING DECISION

MAJOR ♥ MINOR □
Inmate's Name: Whitford Makueeyaper 10# 3015941 Date: 10-27-2020
M I do understand the violation
Continuance granted to Date: / By:
Reason:
Plea: Guilty
Inmate's Statement:

Evidence Provided: Infraction Report
·
Findings: Guilty of # 4316
Evidence Relied On: Infraction Report
<u>'</u>
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 5 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): \$25 F.~.
Reason(s) for findings: Offinder destroyed State
property
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Inmate's Signature / ID#: Unable to sign / Giklulliki
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

	STATE OF MONTANA DEP	ARTMENT OF COR	RECTIONS	
, MSP	MWP CONTRACT FAC	Charles and the same of the same of		_
]	DISCIPLINARY H	EARING DI	ECISION	
Continuance granted to Date	OLATION I DO NOT	MINOR EYAPEID # of Dyvi UNDERSTAND THE V By:	2015941 Date: Dety: 4212 VIOLATION-ADDITION	10.22.2020 - tampering
Reason: Plea: Guilty No	ot Guilty Other:	Inave	n't had	0.0
Inmate's Statement:	t Guilly Zastuci.		unity to	prepare
Evidence Provided:	fraction	report,	SMP, pr	otos
Findings: Guilty of	+~4210/4212	□ Not Guilt	y of #	
Evidence Relied On: 1	#4210/4212 fraction	report,	SMP, P	notes
For Sanction Purposes: [Circle (Circle number of prior guilty decisi	the number of prior Major/Minor I			id Level to Use:
Sanction(s): Rest	itution for	dama	ges: TB	D 229.95
	Con	ationat	ion der	ied.
Reason(s) for findings:	OH	endero	lestraye	da
Salety matt	ress.		0	
Safety moth	ress.		0	
AD(II) ISTRATIVE REVIEW / DAT	10/23/202	E.K.O.	ALCKY EARINGS OFFICEROUNT	10 20 202 F DISCIPLINARY TEAM
ADMINISTRATIVE REVIEW / DATE I understand, that I may appear an appeal, I must submit a control of the proportion of the rule	peal the decision of the Disci completed appeal form to the (Major decisions only) becau- licable disciplinary procedu- e violation(s).	plinary Hearings O e Disciplinary Hear use (1) there is insu	officer to the Warder ings Officer within 1 fficient evidence an	5 days from today. d documentation to
ADUITISTRATIVE REVIEW / DAT I understand, that I may app an appeal, I must submit a co	peal the decision of the Disci completed appeal form to the (Major decisions only) becau- licable disciplinary procedu- e violation(s).	plinary Hearings Of Disciplinary Hearings (1) there is insured were not follow	officer to the Warder ings Officer within 1 fficient evidence an wed; (3) the sanction	5 days from today. d documentation to
ADUINISTRATIVE REVIEW / DAT I understand, that I may appear an appeal, I must submit a composition of the finding; (2) appends to the finding; (2) appends proportionate to the rule I DO NOT WISH TO APPenmate's Signature / ID#:	peal the decision of the Discion pleted appeal form to the (Major decisions only) because the disciplinary proceduse violation(s).	plinary Hearings O e Disciplinary Hear use (1) there is insu ures were not follow (Yellow) Housin	officer to the Warder ings Officer within 1 fficient evidence an wed; (3) the sanction	5 days from today. d documentation to n(s) imposed are

. STATE OF MONTANA DEPARTMENT OF CORRECTIONS	KEC	EIVED
MSP MWP Contract Facility:	ОСТ	27 20
Disciplinary Appeal (major infractions only)		CIPLINA
Inmate's Name: Whittord, Makuleyapete 3015 Date: 10222026 fraction(s): 4210 - Dest of Rhogerty; 1212 Disciplinary Hearing Decision: 2est tution 1339 Instructions: Document why one, two, or all three of the following apply and submit it to	5941 - Harm the DHO	or DHI.
There was no evidence or documentation to support the decision.		
2. Required disciplinary procedures were not followed. I was blanta con offortunity to prepare a defense on ist and stop cell with restricts	ntly	denix
3. The sanction(s) is excessive.		
Inmate Signature WARDEN OR DESIGNEES RESPONSE		
Warden or designee: Is there sufficient evidence and documentation to support the finding? Y	ES 🔯	NO□
e deport in the many	ES	NO 🗌
	ES 🔽	NO 🗌
Decision:		
Affirm. I uphold the decision of the DHO and the sanction(s) imposed.		
Dismiss. I disagree with the actions of the DHO and dismiss the infraction.	1 1 .1	11.1
 ☐ Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction ☐ reduced sanction or level to: 	l level sna	iii be:
suspended sanction(s) for:		
Written justification for the action taken above: Evidence Supports the	DHOS	decish
	11	4 /202
Warden or Designee Signature		4 /2020 Date
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) In	mate (Gol	denrod)
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) In	mate (GOI	demod)
$\mathcal{C}(I)$		

Attachment H

MSP 3.4.1, Institutional Discipline

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 98 of 527

Inmate Name:				AO#	DATE	TIME
Whitford, Mak				3015941	10/21/2020	TIME 8:30am
		Montal Health Labor 1				- 400000
✓ Security Initiat	E PRODUCTION OF THE PARTY OF TH	Mental Health Initiated				lulti-Disciplinary Team (MDT)
		e authorized by Command	Post, Shift Con	nmander, or AW of S	ecurity prior to impleme	entation)
uthorized By: (a	a name must be	entered)		LT Postma	Tir	ne 8:30
art 1	nonate format	enand has been	Man 111		1. II	
criteria for bein	nmate/inmate i	record has been screened by deterioration, self-harm, and	/ Mental Heatilh F /or danger to ot	rotessional for Restric	citve Housing Unit assignr	ment and currently meets the
	3	and the state of t		Part 2 & 3		
The following i	inmate has bee	en assessed due to being pla	11 2000	The state of the s		
				te Part 3		
art 2			32			
	AY be placed o	r REMAIN in the Restrictive I	Housing Unit (Se	e PART 3 Special Man	agement)	
The state of the s		mate SHOULD NOT be place				a's mental and/or physical
health.	thet this ill		a in restrictive i	loading, as it may be	detriffication to the millate	s mental and/or physical
art 3 - SPECIA	L MANAGE	MENT				
PURPOSE			[] Carti	wood/Changest Deserve	tions/Interventions	
Mental Health	Observation			ued/Changed Precau	tions/interventions	
New Precaution		nc .	=	HOUR		
Release from Pr				HOUR		
- Carlo Carl	Children of the Children	ENTIONS (Check all tha				
. Precautions			с арріу)	B. Intervention	ıs	
Not Applicable				Not Applica		ecreation Restriction
15-Minute Wat				Cell with Re	DIC	F2. 123
Constant Watch		all Placement Flectron	ic Monitoring	Hard Cell	₹ 0	ther SiviCI
Other:		ve up styro tray after		☐ Safety Diet:		
		nain (check all that ap				
		s without limitations	P. 71	✓ Only these items a	and privileges as checked	below
. Bedding	pege	3.00		B. Clothing		
Mattress	✓ Safety	Blanket		Boxers/Underwe	ear Scrubs	
Blanket		Mattress		T-Shirt	✓ Safety Smock	
Sheet	Pillowc			Socks	Other	
Pillow	Other			Shoes		
. Toiletries				D. Other		
Toothpaste		Toilet Paper		Writing Paper		hower Observed
Toothbrush		Towel		Reading Materia	_	
Deodorant		ALL				ther
Wash Cloth		Other		Safety Pen		
	CIAL MANNA	GEMENT INSTRUCTION	NC.			
				ound that ha k-	doctround his safet	u mattroca sa wall a-
mate willing		peing restarted. At 8:3				
kad the con	ALC: UNKNOWN THE PARTY OF THE P				The second secon	e plumbing and has also
The same and the s	.I. whitior	d must surrender styrc	noam tray an	u cup after each	use.	
The same and the s		10/21/20	20		LT Postma	10/21/20
o in SMC	Invanovich	10/21/20		_	Authorized	
in SMC الا	Jovanovich	IT MANAGED			Authorized	by. DATI
in SMC الا		IT MANAGER	DATE	Δ\Δ/ 6	Security Shift Command	er or Command Post must sig
in SMC الا		IT MANAGER	DATE	AW S	Security, Shift Commande	er or Command Post must sig
in SMC الا	RGEANT/UN			AW S	Security, Shift Command	er or Command Post must sig
in SMC الا	RGEANT/UN	T MANAGER PESSIONAL (QMHP)	DATE	AW S	Security, Shift Commando	er or Command Post must si _k

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 99 of 527



File Name: Camera Name:

Date/Time of Capture: Date/Time of Print:

COR MSP Video 3 MSP LHU-1 Solitary Cell 1 Cam 2 10/21/2020 2:56:08 AM 10/21/2020 8:19:59 AM

Network Video Recorder

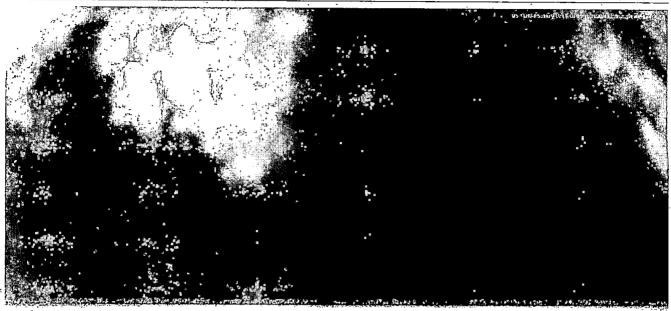


Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 100 of 527



File Name: Camera Name: Date/Time of Capture: Date/Time of Print: COR MSP Video 3 MSP LHU-1 Solitary Cell 1 Cam 2 10/21/2020 3:26:25 AM 10/21/2020 8:23:02 AM

Network Video Recorder



		.a <i>[</i>
h_ h_		CORRECTIONS RECEIVED BY E
	MONTANA DEPARTMENT OF	CORRECTIONS RECEIVE
	NWP ☐ CONTRACT FACIĻITY:_	- 0 % LVC
	Y INFRACTION REPORT / NO	TICE OF HEARING
(II	nformation and staff signatures on this form must MAJOR MINOR	
Inmate Name: White D	, M	ID# <u>3015941</u>
Date: (D~21-2070 Time: C	Place of Incident: 0	Name
Room/Cell: SM(Housing U	nit: RHU Job Assis	mment: IN ASSIGNED QUILLE
Infraction Number(s) & Name(s)	10 - Destruction ex	State Proparty
<u>42</u>	12 - tamper my wil	Ma Security Device
Staff Witness: 1.	Other Towards	
2.	Other Inmates	2.
Description of Violation: (who, what,	w, found most at	The above date and
had completely destroye	the safety mate	reg IN SMCI.
		•
IN ADDITION TO the des	tructur of State	
Blocked the runera vis	w at 0526 8 hintering	Stalls ability to
Sately moniter him. T	he campios are sh	Ill blocked as ay 0815 hrs.
· · · · · · · · · · · · · · · · · · ·		
		$\overline{}$
REPORTING STAFF MEMBER:	Sam Jovanoven	
Cura-iaa- Paviawa	(Print Name)	(Sign Name)
Supervisor Review:	(Print Name)	(Sign Name)
Inmate Status:	☐ Pre-Hearing Confinement	
minute Status.	110-rearing Commencine	Kelease to Flevious Status
Approval for placement in PHC:		
- PP-0 (at 101 Piacotitotic ill 1110 ;	☐Medical: ☐	Mental Health:
~/	□Medical: □ □	Mental Health:
Reason: <u>Alread</u>	□Medical:□	Mental Health:
Reason: Reason:	correctness of charge, and to ensure all necessary	information is attached (evidence, incident/witness reports,
Reason: Reason:	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing may ng, and have determined that separation from the	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above
Reason: Place of the Reason: R	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing may ng, and have determined that separation from the	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above
Reason: I have reviewed this report for legibility, completeness, etc.) For placement in Pre-Hearing Confinement, I have considered alternatives to placement in restrictive housing mentioned reason. (Shift Supervisor's Signature)	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing maying, and have determined that separation from the (Date)	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above / / (Warden or Designee Signature) (Date)
Reason: I have reviewed this report for legibility, completeness, etc.) For placement in Pre-Hearing Confinement, I have considered alternatives to placement in restrictive housing mentioned reason. (Shift Supervisor's Signature) No I have received a copy of this notice and have been interested.	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing maying, and have determined that separation from the (Date) OTICE OF HEARING/PREHEARING Afterned of my right to attend and present gyidence	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above / / (Warden or Designee Signature) (Date)
Reason: I have reviewed this report for legibility, completeness, etc.) For placement in Pre-Hearing Confinement, I have considered alternatives to placement in restrictive housementioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have been into the complete of	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing maying, and have determined that separation from the (Date) OTICE OF HEARING/PREHEARING A formed of my right to attend and present gyidence the:	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above / / (Warden or Designee Signature) (Date)
Reason: I have reviewed this report for legibility, completeness, etc.) For placement in Pre-Hearing Confinement, I have considered alternatives to placement in restrictive housing mentioned reason. Shift Supervisor's Signature	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing maying, and have determined that separation from the (Date) OTICE OF HEARING/PREHEARING And Commend of my right to attend and present evidence her. The hrs. Place: One of the hrs. Place: One, verbally explain the charge(s) to the immate). These, have immate sign an Agreement/Waiver/Refiners.	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above / / (Warden or Designee Signature) (Date) ACTION at a hearing.
Reason: I have reviewed this report for legibility, completeness, etc.) For placement in Pre-Hearing Confinement, I have considered alternatives to placement in restrictive housementioned reason. Shift Supervisor's Signature No.	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing maying, and have determined that separation from the (Date) OTICE OF HEARING/PREHEARING And Commend of my right to attend and present evidence her. The hrs. Place: One of the hrs. Place: One, verbally explain the charge(s) to the immate). These, have immate sign an Agreement/Waiver/Refiners.	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above / / (Warden or Designee Signature) (Date) ACTION at a hearing.
Reason: I have reviewed this report for legibility, completeness, etc.) For placement in Pre-Hearing Confinement, I have considered alternatives to placement in restrictive housementioned reason. Shift Supervisor's Signature) I have received a copy of this notice and have been into a linear part of the complete of	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing maying, and have determined that separation from the (Date) OTICE OF HEARING/PREHEARING And Commend of my right to attend and present systemes in the charge of the charge	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above / / (Warden or Designee Signature) (Date) ACTION at at hearing.
Reason: I have reviewed this report for legibility, completeness, etc.) For placement in Pre-Hearing Confinement, I have considered alternatives to placement in restrictive housementioned reason. Shift Supervisor's Signature	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing maying, and have determined that separation from the (Date) (Date) OTICE OF HEARING/PREHEARING A comed of my right to attend and present evidence in the hrs. Place: In Place:	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above // (Warden or Designee Signature) (Date) ACTION at at hearing. sal form) r complete a Witness Request form outlined in the institutional inmate
Reason: I have reviewed this report for legibility, completeness, etc.) For placement in Pre-Hearing Confinement, I have considered alternatives to placement in restrictive housementioned reason. Shift Supervisor's Signature) I have received a copy of this notice and have been into a linear part of the complete of	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing maying, and have determined that separation from the (Date) OTICE OF HEARING/PREHEARING And Commend of my right to attend and present systemes in the charge of the charge	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above // (Warden or Designee Signature) (Date) ACTION at at hearing. sal form) r complete a Witness Request form outlined in the institutional inmate
Reason: I have reviewed this report for legibility, completeness, etc.) For placement in Pre-Hearing Confinement, I have considered alternatives to placement in restrictive housementioned reason. Shift Supervisor's Signature	correctness of charge, and to ensure all necessary reviewed the impact that restrictive housing maying, and have determined that separation from the local content of the local c	information is attached (evidence, incident/witness reports, have on medical and mental health conditions exhibited, general inmate population is necessary due to the above // (Warden or Designee Signature) (Date) ACTION at at hearing. sal form) r complete a Witness Request form outlined in the institutional inmate

EXHIBIT D EXHIBIT D



STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP

MWP

CONTRACT FACILITY:

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

	MAJOR 🔀	MINOR 🗌	
Inmate Name: Whit for		M	ID# <u>381594</u>
Last n		First Name	
Date: 10/20/20 Tim	ne: <u>1900</u> Place of	Incident: <u>RHV</u>	
Room/Cell: <u>UA8</u> Hous	ing Unit: RHU	Job Assignment: 80	ol LP
Infraction Number(s) & Name(s)			
	4108- Conspirin	Staff 5 to commit any c	criminal acts
Staff Witness: 1. U/M San	n Jovanovich	Other Inmates involved 1.	·
Staff Witness: 1. U/M 5'a.		2.	
Description of Violation: (who, w	vhat, why, where, when a	nd how): Un the Gk	pove date and time, I
Clo Goody along with Un	M Jovanovich and	2 Other Staff We	re attempting to assist
LIM Whiterd HOH 301594	1 with Flushing his too	ilet as he is on a wat	er restriction. We grabbed
the Shield and a Shower	curtain to protect	from any mater be	ing splashed on us. One of
the Staff held the Shower	curtain up to the 1	-ight-side edge of h	is doon to stop any fluid
from coming out the crack	in his door. U/M	Jovanovich held the	Shell up to the front of
his ocor to watch his qu	tions and give him	instroutions. After	they secured the door, I
opened The Plumbing Chase	- to turn on the wat	en to his toilet to	allow him to flush, whit for
had pre plugged his toile	+ 50 that it would	overflow when	he flushed. I turned off
his water and as I did U	11M Jovanovich Fold	Us to back away as	he was grabbing a cup from
behind his desk to scoop f	eces water out of h	is tollet to throw it	on us. As we backed que
he related fuell you pu	inks you wanna tuckin	ng play. U/M Jovano	vich Stated it appeared to
be a bag of fecesi	Tap		
	- FOR	<u> </u>	
REPORTING STAFF MEMBER	· Cara Carla		
REFORTING STAFF MEMBER	: Cearge Goody		(Sign Name)
Supervisor Review:	BREAN BO	CKLOR	Ber Ben
•	(Print Name)	(Sign Name)
Inmate Status:	Pre-Hearing Con	finement 🔲 Release to P	Previous Status
	A		
Approval for placement in PHC:	□Medical:	☐ Mental Heal	lth:
•			
Reason:			
I have reviewed this report for legibility, complete.) For placement in Pre-Hearing Confinemer considered alternatives to placement in restrictive mentioned reason.	it, I have reviewed the impact that re	strictive housing may have on medica	I and mental health conditions exhibited.
	10 20 2	(محر	- / /
(Shift Symavisor's Signature)	(Date)		signee Signature) (Date)
	NOTICE OF HEARING/	PREHEARING ACTION	
I have received a copy of this notice and have 1. Hearing Date: / /			
	Time:hrs. Place No (if no, verbally explain the char	ee(s) to the inmate).	
3. I waive my right to a hearing? Yes	No (if yes, have inmate sign an Ag	reement/Waiver/Refusal form)	
Present evidence and witnesses on my be Other pertinent notations:	chatt: ∐Yes K∠No If inmate has w	itnesses, have him/her complete a Wit	tness Request form
· ———			
I understand, if found guilty, I will	De subject to imposition of	tne sanctions as outlined in t	the institutional inmate
disciplinary operational procedure		SM	c 1_
(Staff Signature)		Date & Time)	(Inmate's Signature / ID#)
- (San Ospilatore)	<u> </u>	THIO,	(minate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR № MINOR □
Inmate's Name: Whitford, Makueeyapee ID# 3015941 Date: 10.22.2020
Intraction Number(s) & Name(s) 4/11-HSSQUIT; 4108-Conspiring
Continuance granted to Date: / By:
Reason:
Plea: Guilty Not Guilty Sother: I haven't had a Chance
Inmate's Statement: to prepare a defense
Evidence Provided: intraction report, incident report,
OMA
Findings: \(\overline{\text{Guilty of # 4111}} \) \(\overline{\text{Not Guilty of # 4119}} \)
Findings: AGuilty of # 4111 Not Guilty of # 4108 Evidence Relied On: 10 Fra Chion report, incident report,
SMP
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 450.00 fine
Defecte Interchale Con many Acousticator
Refer to Interstate Compact Coordinator.
Reason(s) for findings: OF Reason(s) for findings:
denied offender through an unknowing house
Dh a Stall Man her
Jan 10/23/2020 C Klassickel 10:00:000
ADM/NISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER JUNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s).
Inmate's Signature / ID#:
Vi with the same of the same o
Conjecto: Records (White) Parole Roard-Majors only (Vellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 104 of 527

	Security Mar	nagement Plan (SN	ΛP)		
Inmate Name:		AO#	DATE	1	IME
Whitford, M		3015941	10/20/202	0 1	.915hrs
	Plan	s extended past 72 ho	urs must be reviewe	d by Multi-Disc	ciplinary Team (MDT)
Security Initiated Mental Health Initia	ated				10000000
(All SMP's must be authorized by C	ommand Post, Shirt		or security prior to in	Time	
Authorized By: (a name must be entered)		LT. Franks		Time	1930hrs
The following inmate/inmate record has been scr criteria for being "at-risk" for deterioration, self-h	arm, and/or danger t		stricitve Housing Unit	assignment and	d currently meets the
The following inmate has been assessed due to b					
The following inmate has been assessed due to		nplete Part 3			
Dant 2	COI	ipiete rait 3			
Part 2	stateth is the value Hal	+ /Con DADT 2 Consist A	(anagoment)		
This inmate MAY be placed or REMAIN in the Re			miles and the second second		
It is recommended that this inmate SHOULD NO health.	T be placed in Restric	tive Housing, as it may	be detrimental to the	inmate's menta	al and/or physical
Part 3 - SPECIAL MANAGEMENT					
. PURPOSE	Пс	ontinued/Changed Pre	cautions/Interventions		
Mental Health Observation		24 HOUR			
✓ New Precautions/Interventions		48 HOUR			
Release from Precautions / Interventions		72 HOUR			
I. PRECAUTIONS / INTERVENTIONS (Chec	k all that apply)				
A. Precautions		B. Intervent	ions		
Not Applicable		□ Not App		Recrea	ition Restriction
15-Minute Watch		THE RESERVE THE PARTY OF THE PA	Postrictions	Other	
	Electronic Monitor		II .	1 10	A DOOD DIOO
✓ Other:	- Liectroniic Worliton		Styroform	tray?	obsizboou
		✓ Safety D	net:	1/11/2	
III. Items/Privileges to Remain (check all All current items and privileges without limitation		Only these ite	ms and privileges as o	hecked below	
A. Bedding		B. Clothing			
Mattress	afety Blanket	Boxers/Unde			Scrubs
	afety Mattress	T-Shirt	erwear	Ī.	Safety Smock
I n	illowcase	三		ř	Other
Sheet	Other	Socks			_ Other
	iner	Shoes			
C. Toiletries	Toilet Paper	D. Other		Shower	Observed
Toothpaste	Towel	Writing Pape	er	Other	
		Reading Ma	terial	Other	
Toothbrush	I All				
	☐ ALL	Safety Pen			
Toothbrush	Other	Safety Pen			
Toothbrush Deodorant Wash Cloth	Other	Safety Pen			
Toothbrush Deodorant Wash Cloth V. OTHER SPECIAL MANAGEMENT INSTR	Other			La alla di dala	
Toothbrush Deodorant Wash Cloth V. OTHER SPECIAL MANAGEMENT INSTR	Other		assault staff with	bodily fluid	.
Toothbrush Deodorant Wash Cloth V. OTHER SPECIAL MANAGEMENT INSTR	Other		assault staff with	bodily fluid	5.
Toothbrush Deodorant Wash Cloth V. OTHER SPECIAL MANAGEMENT INSTR	Other		assault staff with	bodily fluid	
☐ Toothbrush ☐ Deodorant ☐ Wash Cloth V. OTHER SPECIAL MANAGEMENT INSTE	Other RUCTIONS: continued threat				
Toothbrush Deodorant Wash Cloth V. OTHER SPECIAL MANAGEMENT INSTE Whitford is being placed in SMC1 due to c	Other RUCTIONS: continued threat	s and attempts to	LT. Franks	s 1	0/20/2020
☐ Toothbrush ☐ Deodorant ☐ Wash Cloth V. OTHER SPECIAL MANAGEMENT INSTERMENT OF THE SPECIAL MANAGEMENT OF THE SPECIAL MA	Other RUCTIONS: continued threat	s and attempts to	LT. Franks	s 1 rized By:	0/20/2020 DAT
Toothbrush Deodorant Wash Cloth V. OTHER SPECIAL MANAGEMENT INSTE Whitford is being placed in SMC1 due to c	Other RUCTIONS: continued threat	s and attempts to	LT. Franks	s 1 rized By:	0/20/2020 DAT
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Toothbrush Deodorant Wash Cloth V. OTHER SPECIAL MANAGEMENT INSTE Whitford is being placed in SMC1 due to c	Other RUCTIONS: continued threat	s and attempts to	LT. Franks	s 1 rized By:	0/20/2020 DAT



Statement of Incident

Title: Whitford Continued Assaultive Behavior

Statement #:

Incident Date:

10/20/2020 Incident Time: 07:00 PM

Statement Date: 10/20/2020

Jurisdiction: Montana State Prison

Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/MSP, RHU, UA8

Summary of Incident

Over the past 4 days, Whitford has assaulted staff with fluids and attempted to do so on two other occasions, and flooded A-Block twice. Since the assault on staff on 10/17/2020, Whitford has continually threatened to "shitbomb" any staff member he could. An enhanced liquid barrier was put in place to hinder his attacks toward

Whitford, being on a water restriction is offered water to drink each hour in addion to allowing him to flush his toilet. At 1815hrs, I offered Whitford water, which he was compliant and was given water. I asked Whitford if he wanted to flush his toilet as I observed feces in the toilet. Whitford said "fuck you". I attempted to get him to flush the toilet but he refused at this time. He then became aggressive toward me and started helling "Fuck you, you fucking punk!" "You want to play games?!" I then exited the area and warned staff that Whitford was escalating once again.

At 1900hrs, Sgt. Buckler stated Whitord was adamant about flushing his toilet. Sgt. Buckler, Officers Goody and Anderson and I planned on allowing Whitford the oppertunity to flush the toilet and offer water. In doing so, I had Sgt. Buckler get the camera, I used the shild, and Anderson held a large shower curtain over the side of the cell, while Officer Goody attempted to turn on his water. I could see that Whitford had put paper and other items in the toilet that were not previously in the toilet when I offered him the ability to flush.

As Goody flushed the toilet, Whiford feverishly hit the flush button in hopes of getting the toilet to flood. The toilet imeediatly plugged and Goody shut off the water. Whitford then looked at me through the window and ran to the back of the cell to retrive somthing from behind the desk that was dark in color, which I believed to be a spork packet with feces in it. He then rushed toward the door. I gave all staff the direction to quickly move away from his cell before he could assault us with it, which we were able to do. Whitford then began to splash liquid under the bottom of his door.

We backed away from his cell and he began to call all staff "Fucking punks" and stated "You wanna fucking play?!" We then warned the Officer who was on the block along with the bio swampers to stay away from UA8, where he was housed due to his assaultive behavior.

I then contacted LT Franks and indicated that Whitford will assault staff if he is not removed and placed in SMC2. LT Franks stated he would get a team together to extract Whitford to be placed in SMC2. I then drafted the SMP and sent it to LT Franks for approval, which was granted. See SMP for details. This incident was recorded due to his extremely assaultive behavior toward staff.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	Assaultive Inmate
Staff	Buckler, Brian	recorded incident
Staff	Goody, George	turned on/off water
Staff	Jovanovich, Sam	Writer of report, also held shield and observed Whitford

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: Whitford Continued Assaultive	Behavior		Statement #: 4907
Incident Date: 10/20/2020	Incident Time:	07:00 PM	Statement Date: 10/20/2020
Jurisdiction: Montana State Prison			Submission Category: Draft
Category Person	Na	rrătive <u></u>	1
	tho	ugh cell door.	
Source and Documentation			,
Anonymous Informant: No			
Information Source: Staff	• •		
Reporting Staff: Jovanovich	am am	Title:	Correctional Officer SupMgr
Signature:		Date:	10-20-2020
Notes			,
No Notes are associated with this Inc	ident Statement		
NOTE: Supervisors must review Supervisor Review and Remarks:	all reports for	accuracy before	signing off
Supervisor Name:	· -	Title:	
Signature:	•	Date:	
Routing List (Place an X next to	those this rep	ort will be distribu	
Helena Office		urity Major	Medical
MSP Duty Officer	Unit	Manager	Maintenance
Warden or Designee	Com	nmand Post	Investigator's Office
Deputy Warden	Inma	ate Records File	MCE
Associate Warden	· Inma	ate Unit File	Safety Committee
Other		-	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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	(II)	nformation and staff signa					
		MAJOR 🏻	MINO	DR ∐			
I	14110.4	M K				ID# 3015	140
Inmate Name:	Whitford Last name	, Makuee	Arbas	irst Name		10# <u>3015</u>) <u> </u>
Date: 10-17-		RAA Place o	f Incident:		-Block		,
Room/Cell: 1 A	- Housing U			signment: 99°	19- Unas	ioned	
Infraction Number			ting sta		bulsai	causi	<u>^4</u>
	ha	11. 41.134	to com	P- 10 C	ortact	with an	other
	<u>ี้</u> นั้ว	10- Flooding					Ň
Staff Witness: 1.	11/A		Other Inma	tes involved 1.	\	<u> </u>	,
2.	NTA			2.	. <u> </u>	<u> </u>	
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but he c	stready hit	me wit	h the	biquid:	<u>several</u>	times,	**
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REPORTING ST.	AFF MEMBER: 🔟	Print Na	MUDA	' <u></u> '	COM M.	lame)	
Supervisor Review	<u>,</u>	Dany Josepher		<u>ر</u>	(Sight)	· ·	
Supervisor Review	·	(Print Na			(Sign 1	lanie)	
Inmate Status:		Pre-Hearing Co	nfinement	☐ Release to I	Previous Stat	ıs 🗆 Other	
minute Status.		,				_	
Approval for place	ment in PHC:	☐Medical:		☐ Mental Hea	.lth:		<u>-</u>
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Reas	ion:int	4 DECU	<u> </u>				
I have reviewed his report	t for legibility, completeness,	correctness of charge, and	to ensure all necess	sary information is a	attached (evidence	incident/witness r	reports,
etc.) For placement in Pre	-Hearing Confinement, I have	e reviewed the impact that	restrictive housing	may have on medica	al and mental heal	th conditions exhib	oited,
considered alternatives to mentioned reason.	placement in restrictive hous	ing; and have determined t	liat separation from	the general inmate p	sopulation is nece	ssary due to the abo	ove
MIM		ECTOR	7024	ı			1 1
Shift Supervis	or's Signature)	(Date	1 02 <u>3</u>	(Warden or De	signee Signature)		(Date)
	N	OTICE OF HEARIN			7111	•	
I have received a copy o	f this notice and have been in	nformed of my right to atte	nd and present evide	ence at a hearing.	(/H>		į
1. Hearing Date: \C 2. I understand the ch	arge(s)? XYes \(\subseteq No (it	no, verbally explain the cl	harge(s) to the inmat	te).	7 1 -		-
3. I waive my right to	a hearing? Yes No (if nd witnesses on my behalf:	ves, have inmale sign an A	Agreement/Waiver/F	Refusal form)	itnece Degreet fo-	m	Ĭ
5. Other pertinent not		Treatment in ministering	williesses, have nin	,	reness request for		
Lunderstand, if for	und guilty, I will be su	thiect to imposition	of the sanctions	as outlined in	the institution	aLinmate	
disciplinary opera				エクノ・	1 Soft	1 said	
-MMu	<u> </u>	10	16.2020	Tekni	1 1900	CHIV	
	(Staff Signature)		(Date & Time)	'/	(Inmate's Sig	nature / ID#)	

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS	RECEIVED BY OCT 27 2020		
STATE OF MONTANA DEPARTMENT OF CORRECTIONS			
MSP MWP CONTRACT FACILITY:	DISCIPLINARY		
Disciplinary Appeal (major infractions only)	010011 1214 114		
Inmate's Name: Whitford, Makuceyapper 30.	15941		
Date: 10/22/20 Maction(s): 4/11-Assaurt Disciplinary Hearing Decision: 50.00 fine: Refer to Interactions: Document why one, two, or all three of the following apply and submit it to 1. There was no evidence or documentation to support the decision.	the DHO or DHI.		
2. Required disciplinary procedures were not followed. I was blantant as a proportion of the proportion of the office of the proportions. Strip cell	fly deuted		
3. The sanction(s) is excessive.			
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding?	es ⊠ no□		
Is there substantial compliance with applicable disciplinary procedures?	ES NO 🗆		
Is the sanction(s) imposed proportionate to the rule violation(s)?	ES NO 🗌		
Decision:			
 ▶ Affirm. I uphold the decision of the DHO and the sanction(s) imposed. □ Dismiss. I disagree with the actions of the DHO and dismiss the infraction. □ Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction □ reduced sanction or level to: □ suspended sanction(s) for: 	level shall be:		
Written justification for the action taken above: En. June supports Ho	DHO's dessi.		
- Shi	11/4/2020		
Varden or Designee Signature	Date		
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inc	mate (Goldenrod)		
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Attachment H

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR X MINOR
Inmate's Name: Whittord, Makueeyapee ID #3015941 Date: 10.22.2020
Infraction Number(s) & Name(s) 4111-Assault; 4210-Flooding
I DO UNDERSTAND THE VIOLATION I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN
Continuance granted to Date: / By: By:
Plea: Guilty Not Guilty Other: haven't had a Chance
Inmate's Statement: 10 Drepare a defense
Evidence Provided: infraction report
Findings: \Quad Guilty of # \Quad \Q
Evidence Relied On: Infraction report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 430.00 fine
Reason(s) for findings: Bequest for continuation denied. Offender threw an unknown liquid on Stuffigna flooded.
ADMINISTRATIVE REVIEW / DATE OR OF THE STREET OF THE STRE
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. LIDO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Inmate's Signature / ID#: X Unable to Sign
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

The same of the sa	
STATE OF MONTANA DEPARTMENT OF CORRECTION	S
MSP MWP CONTRACT FACILITY:	RECEIVED BY
	OCT 27 2020
Disciplinary Appeal (major infractions only)	DISCIPLINARY
Inmate's Name: Whitford, Makueeyape # 3019 Date: 10/222020 Daction(s): 41/11-Assault; U210-Flo Disciplinary Hearing Decision: 50.00 fine	odina
Disciplinary Hearing Decision: \$50.00 fine	9
Instructions : Document why one, two, or all three of the following apply and submit in	t to the DHO or DHI.
There was no evidence or documentation to support the decision.	
2. Deguined disciplings and advers years not followed.	11 (
2. Required disciplinary procedures were not followed. I was blanta	ently device
of 150 and restrictions.	Jan 901 0F1
3. The sanction(s) is excessive.	
5. The sanction(s) is excessive.	
Inmate Signature Date	
WARDEN OR DESIGNEES RESPONSE Warden or designee:	
Is there sufficient evidence and documentation to support the finding?	YES NO □
Is there substantial compliance with applicable disciplinary procedures?	YES NO
Is the sanction(s) imposed proportionate to the rule violation(s)?	YES NO
Decision:	
Affirm. I uphold the decision of the DHO and the sanction(s) imposed.	
 ☐ Dismiss. I disagree with the actions of the DHO and dismiss the infraction. ☐ Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction. 	tion level shall have
reduced sanction or level to:	non level shall be:
suspended sanction(s) for:	
Whitten instification for the stire to be T	Siles
Written justification for the action taken above: Endere Supports the	DHOS decision
Ω_{\bullet}	
	11/4/2020
Warden or Designee Signature	11 /4 /2020 Date
Coning to: Paganda (W/hita) Pagala Pagad M. Coning to: Pagada William (William)	1 (0.11
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink)	Inmate (Goldenrod)
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Attachment H

MSP 3.4.1, Institutional Discipline

2	\bigcirc
	AO#: <u>2015941</u> LOCATION: RHU
Makueeyap	ee .
HEARING CO	NTINUATION NOTICE #1
THIS FORM SERVES AS NOTIFICA	ATION THAT THE HEARING(S) SCHEDULED
	RE BEING CONTINUED UNTIL 10-22-2020
FOR THE FOLLOWING REASONS	: Safety + security
Inmate Signature Verball By Saf. Shark	G. Advised DATED 10.20.30
Disciplinary AKlan	DATED 10.00.00
•	
	V 2
******	******
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HEARING CO	NTINUATION NOTICE #2
HEARING CO	
HEARING CO	NTINUATION NOTICE #2
HEARING CO THIS FORM SERVES AS NOTIFICA FOR IS/AF	NTINUATION NOTICE #2 ATION THAT THE HEARING(S) SCHEDULED
HEARING CO THIS FORM SERVES AS NOTIFICA FOR IS/AF FOR THE FOLLOWING REASONS:	ONTINUATION NOTICE #2 ATION THAT THE HEARING(S) SCHEDULED RE BEING CONTINUED UNTIL
HEARING CO THIS FORM SERVES AS NOTIFICA FOR IS/AF FOR THE FOLLOWING REASONS:	ONTINUATION NOTICE #2 ATION THAT THE HEARING(S) SCHEDULED RE BEING CONTINUED UNTIL

Revised: Oct 2012

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Records (White)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP Contract Facility:

B

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR | MINOR |

Inmate Name:				
minute rante.	WHITFORD,		MARUELYAPEE	ID# <u>3015941</u>
	Last nam	e	First Name	<u> </u>
Date: 10/16/2020	Time:	1530 Place of Inc	ident: RHU A-BLOCK	
Room/Cell: LA-	\ Housing	Unit: ผูนบ	Job Assignment: 9999	1 - UNASSIGNED
Infraction Number(s) & Name(s)	210 - DESTROYING FAC	CILITY PROPERTY.	
	_	<u> </u>		
	_			
Staff Witness: 1		0	ther Inmates involved 1.	
2			2	
Description of Viole	ation: (who wh:	of why where when and		
- Bosco	44.5 C. A. A. A. C.	ti, why, where, when and	10W). Ob 10/16/2020	AT 1530 I, SERGEANT
DISPLAT DAIGOS,	WAS ON A-K	AND COLUMN	TING SHOWERS AT]	THIS TIME I OBSERVED
AGE MANAGE E	TO COMPANY	YEE AOD 3015441 AY	PERR TO EXPRESS SIN	CERE DISDAIN FOR
				FR AREA TO ASH HIM
HALL HIS PROBLE	EM WITH.	M SCHEETT DAS. DH	TTFORD STATED HE	WOULDN'T LEAVE THE
HOWER UNITE	CON SCHERTT	T OF THE KOCK, 1	- STORE TO WHITFORD	FOR ABOUT A MINUTE
AND THEN CANAL	OLOGEO CO	THE CHARGE THERE	THOULDNY ISS ANY	MODE PROBLEMS.
CLAIR AS	MITTED DOWN	THE SHOWER CURT	AIP, KIPPED IT UP,	AND SAID HE WAS
				BUCK, I THEN
AIRLY EXPLAIN	ieu 16 cm s	CHEET WHAT DHITE	ACCURATE SAID AND	CM SCHEET LEFT THE
OR THE	N ESCHIED	WHITPORD TO HIS	ASSIGNED CELL WHILE	OUT FURTHER INCIDENT.
				· · · · · · · · · · · · · · · · · · ·
REPORTING STAI upervisor Review:		SGT. QOBERT BANG (Print Name)	/	(Sign Name)
_	_	(Print Name)		(Sign Name)
ımate Status:		☐ Pre-Hearing Confine	ement Release to Prev	vious Status Other
pproval for placeme	ant in DUC	□Medical:	☐ Mental Health:	
Physical rol highering	ent mirric.	Liviculcai.		
Reason ave reviewed this report for by For playement in Fre-H nsidered alterifatives to playement	n: or legibility, completen learing Confinement, I acement in restrictive h	ess, correctness of charge, and to ensi have reviewed the impact that restrict ousing, and have determined that sepa		ned (evidence, incident/witness reports, d mental health conditions exhibited, lation is necessary due to the above
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EXHIBIT D EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION
Inmate's Name: Whitford Makuce Vapee D# 30 1594 Date: 10.22.2020 Infraction Number(s) & Name(s) 4210 - Debt. Of Property I DO UNDERSTAND THE VIOLATION I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: / / By: Reason:
Plea: Guilty Not Guilty Dother: I haven't had an opportunity to prepare affense ta different nearing officer.
Evidence Provided: infraction report
Findings: \Quad Guilty of # 4910 \Quad Not Guilty of # \ Evidence Relied On: \(\sum \) \(\text{Fraction Yepovt} \)
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 6] Grid Level to Use: 55 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 780
Reason(s) for findings: Denied. Offender destroyed a shower curtain.
ADDITION AND ADDITION AND ADDITION AND ADDITIONARY HEARINGS OFFICER UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

STATE OF MONT	TANA DEPARTMENT OF CORRE	CTIONS
MSP ⋈ MWP	CONTRACT FACILITY:	RECEIVED BY
	Disciplinary Appeal	DCT 27 2020
	(major infractions only)	DISCIPLINAR
Inmate's Name: Whitford Date: 10 22/20 20 action(s): 44	1. Makueeyapee	3015941
Disciplinary Hearing Decision: Instructions: Document why one, two, of the control of the contr	or all three of the following apply and s	tain - IBD
2. Required disciplinary procedures were an opportunity of constants	to prepare a de	efense of was
5. The sanction(s) is excessive.		
		
Inmate Signature	10/22/2020 Date	,
Warden or designee:	DEN OR DESIGNEES RESPONSE	weeth we
Is there sufficient evidence and document Is there substantial compliance with appli	cable disciplinary procedures?	YES NO NO NO
Is the sanction(s) imposed proportionate t	o the rule violation(s)?	YES NO NO
Decision:		
Affirm. I uphold the decision of the	e DHO and the sanction(s) imposed.	
☐ Dismiss. I disagree with the action	s of the DHO and dismiss the infraction	n.
☐ Modify. I uphold the decision of the reduced sanction or level to:	ne DHO, but the sanction(s) imposed or	r infraction level shall be:
suspended sanction(s) for:		
Written justification for the action take	n above: Evidence Sports	the DHOS deason
	$\Omega_{\mathbf{I}}$	
	glh_	11/4/202
_	Warden or Designee Signature	Date
Copies to: Records (White) Parole Board-	Majors only (Yellow) Housing Unit (I	Pink) Inmate (Goldenrod)
· more board	Trousing Office	minate (Goldemou)
	OWIN	
Attachment H	MSP 3.4.1, Institutional Discipline	Effective January 1, 2020

EXHIBIT D EXHIBIT D



STATE	MONTAN	A DEPARTMENT OF CCCTIONS
MSP 🗔	MWP 🗌	CONTRACT FACILITY:

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR | MINOR |

	MAJOR		
Inmate Name: V4,7 for		Makueeyapee First Name	ID# 3015991
	st name Time: // Ś Place o	First Name of Incident: Athur A-block de	du. rolbi
	ousing Unit: 16	Job Assignment:	-71011
Infraction Number(s) & Name	(c) 41/1P' Pl		
miraction rumber(s) & realing	(6) 1000. Hanning	attempting encourage	ging, tacilitating, c
	conspiring with	others to commit	any criminal ach.
	(4111): Attemp	ling to spit at	an officer.
	4210: Flooding		
G. CCTTT. 4			
Staff Witness: 1.		Other Inmates involved 1.	
/2.		2.	
		•	
Description of Violation: (who	o, what, why, where, when	and how): On the above do	to and approximate
timo I C/OFOMOST W	as hola. he each water	er on A-block de toinmet	a Without flood by
the black withwater C	and the chine Times	puring water who inm	+ Wild Link
Alaman Dien in the auto Anne	Harris House to	CCT OF Story	AR THERE THERE
the at the second	productives free active	a hy SGT. Sharkey to- pushing rater when in	out cutt up multiple
Times and He retused	. We vent back to	pashing rever when inc	rate Whitfind
ATTEMPISH TO SAIT ON M	e. Atthat Mint w	e hected away and gave t	rin more space.
SGT Sharkey then h	ad me leave the h	block, EOK	
	· · · · · · · · · · · · · · · · · · ·		
		-	
	-	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
			
REPORTING STAFF MEMB	ER: Forrest	Exp. T	
	(Print Na	ame)	(Sign Name)
Supervisor Review:	(-1		(Sign Hung)
•	(Print Na	ame)	(Sign Name)
Inmate Status:	·		, ,
	aring Confinement	Release to Previous Status	Other
Reason: Currently	on SMP State	∠ ₽∙	
	•	nd to ensure all necessary information is attached	Containing to day of the
etc.)	ompicicaliss, contracts of charge, an	to ensure an necessary information is attached	(evidence, incident/witness reports,
GENT TON	1019	7/2020-	/ /
(Shift Supervisor's Signature)	(Date	Control of the British	Signature) (Date)
	NOTICE OF HEARING	G/PREHEARING ACTION	, -
I have received a copy of this notice	ave been informed of my right to atten	id and present evidence at a hearing.	i
1. Hearing Date: 10 / 22/20 2. I understand the charge(s)? Ye	s No (if no, verbally explain the cha	ace:	
3. I waive my right to a hearing? Ye	s [No (if yes, have inmate sign an A	greement/Waiver/Refusal form)	
 Present evidence and witnesses on m 	y behalf Yes No If inmate has	witnesses, have him/her complete a Witness Req	uest form
5. Other pertinent notations:			
I understand, if found guilty. I v	will be subject to imposition a	f the sanctions as outlined in the inst	itirtional inmate
disciplinary operational proced	ure. Lalso understand that hi	refusing to sign I am waiving my he	aging my right 14
witnesses and witness statement	s, and my right to an appeal	10.1.26	anne, myrightic
1. M.		1519 Petulal S.	4. 00
-,			
(Staff Signatu	re)		rte's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 116 of 527

· 5	Security Manag	ement Plan (SM	IP)		
Inmate Name:		AO#	DATE	1	TIME
Whitford, Makueeyapee		3015941	10/9/2020	1	L2:00 P.M.
Security Initiated Mental Health Ir	nitiated Plans ex	tended past 72 hou	rs must be reviewed	by Multi-Disc	ciplinary Team (MDT)
(All SMP's must be authorized by	A STATE OF THE OWNER OWNE		Security prior to im		
Authorized By: (a name must be entered) Part 1		LT Mcnabb		Time	12:00 P.M.
The following inmate/inmate record has been criteria for being "at-risk" for deterioration, sel	f-harm, and/or danger to ot Complete	hers. Part 2 & 3	ricitve Housing Unit a	ssignment and	d currently meets the
The following inmate has been assessed due t					
2.42	Comple	ete Part 3			
Part 2	Destrictive Herrica Heit (Ca	- DART 2 Cassiel Ma			
This inmate MAY be placed or REMAIN in the It is recommended that this inmate SHOULD N health.				nmate's menta	al and/or physical
Part 3 - SPECIAL MANAGEMENT					1.67
I. PURPOSE Mental Health Observation New Precautions/Interventions Release from Precautions / Interventions II. PRECAUTIONS / INTERVENTIONS (Ch	✓ 2 <i>c</i>	nued/Changed Preca HOUR HOUR HOUR	autions/Interventions		
A. Precautions	еск ан тнаг арруу	B. Intervention	ne		
Not Applicable 15-Minute Watch		Not Appli		Recreation Other	Restriction
Constant Watch (1:1) Safe Cell Placement Other: Seit hood (190)	Electronic Monitoring	✓ Hard Cell ☐ Safety Die	et:		
III. Items/Privileges to Remain (check a	Il that apply)				
All current items and privileges without limitat	ons	✓ Only these item	s and privileges as ch	ecked below	
A. Bedding Mattress Safety Blanket Safety Mattress Sheet Pillow Other		B. Clothing Boxers/Under T-Shirt Socks	wear Scrubs Safety Sn Other	nock	
		D. Other			
C. Toiletries ☐ Toothpaste ☐ Toilet Paper Toilet Paper Toothbrush ☐ Towel ☐ Deodorant ☐ ALL ☐ Wash Cloth ☐ Other	per	Writing Paper Reading Mate		Shower Other	Observed
IV. OTHER SPECIAL MANAGEMENT INS					
Inmate Whitford flooded the shower or Whitford will be restarted on his SMP for same precautions and interventions.					
SGT J.Sharkey	10/9/20		LT Mcnab	ob	10/9/20
SERGEANT/UNIT MANAGER MM Steyh MENTAL HEALTH PROFESSIONAL (C	DATE 16-9-2020	AW	Authori	ized By:	DATE mmand Post must sign.
CC: Unit Manager Command F	Post AW Se	curity	Chief of Securit	У	Chief of Housing

₩ITHHOLDING REPORTMONTANA STATE PRISON

Whenever an inmate in Administrative Segregation is item or activity, this report must be filled out. No ite to ensure the inmate's safety and the well-being of the control of the contro	m or activity should be withh					
Inmates Name: Whitford, Makueeyapee	AO #3015941	Date:10/9/20				
Item or Activity Withheld: Inmate Whitford will be restricted to his cell for a 24-hour period with only a safety gown, safety blanket and safety mattress. Inmate Whitford will also only receive clam shells at mealtimes.						
Reason for Action: Inmate Whitford flooded the sho	_					
staff. Per LT Mcnabb Inmate Whitford will be restart 12:00 P.M. Inmate Whitford will keep all the same p		HRS ending at 10/10/20				
•						
		·				
Date/Time to Begin: 10/9/20 12:00 P.M.						
Date/Time Ended: 10/10/20 12:00 P.M.						
Unit Manager/Sgt. Signature: Sgt J.Sharkey						
AW – Security						
NOTE: IF THERE IS A RESTRICTION OF FOOD SERVICE required	S (ie: Food Loaf substitute), th	e following signature are				
Warden's Signature		Date:				



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford			Statement #:	48669
Incident Date: 10/09/2020	Incident Time:	12:00 PM	Statement Date:	10/09/2020
Jurisdiction: Montana State Prisor	1		Submission Category:	Submitted
Incident Scene				
Incident Occurred at Facility? Yes	5			
Location: Montana State Prison/M	aximum Security/R	lestrictive Hous	sing/A/LOWER/2/A Block Showe	: Γ
Summary of Incident	<u></u>			
On the above date and approximate be fixed and he could shower. Once ripped down the shower curtain and J.Sharkey) were pushing water into the not work Inmate Whitford resorted to point Inmate Whitford cuffed up and	in the shower Inm started ripping it a the drain when Inm spitting at C/O Fo	ate Whitford flo part. As C/O Fo nate Whitford be rest. The water	oded the shower. Inmate Whitfo prest, C/O Paul, and myself (SG egan throwing water at us. Once was turned off from the basem	ord then T e that did
Involved Persons			r	
Category Person		rative cer involved		
Staff Paull, David		cer involved cer involved		_ _
Staff Forrest, William				
Staff Sharkey, John		pervisor involved ate Involved	u 	
Offender Whitford, Makueeya 3015941	•			
Source and Documentation				
Anonymous Informant: No		-		•
Information Source: Staff - Sharke	ey, John			
Reporting Staff: Sharkey, Joh	n —	Ti	itle: Correctional Officer	
Signature:		D	ate: 10-9-70	
Notes			-	
No Notes are associated with this In	cident Statement	-		
NOTE: Supervisors must reviev	v all reports for	accuracy bef	ore signing off	
Supervisor Review and Remarks:	Reviewed	and a	distributed, me	ntal
health notified	-			
Supervisor Name: 27 ~ ~	1c Nabb	Ti	itle: <u>lieutenant</u>	
Signature: 6- MADM	2	D:	ate: 10-9-2020	
Routing List (Place an X next to	those this repo	rt will be dist	tributed to):	
Helena Office	Secu	ırity Major	Medical	
MSP Duty Officer	Unit	Manager	Maintena	nce
Warden or Designee	Com	mand Post	Investigat	or's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Mo...ana Department of Correcti s

Statement of Incident

Title: Inmate W	hitford		4	Statement #:	48669
Incident Date:	10/09/2020	Incident Time:	12:00 PM	Statement Date:	10/09/2020
Jurisdiction: M	lontana State Pri	son		Submission Category:	Submitted
Deputy	Warden	Inma	ate Records File	MCE	
Associa	te Warden	Inma	ate Unit File	Safety Co	ommittee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Imontana Department of Corrections

Statement of Incident

Title: Inmate Whitford	•	·		Statement #	48671
Incident Date: 10/09/2020 In	cident Time:	12:00 PM	·	Statement Date	: 10/09/2020
Jurisdiction: Montana State Prison	•		Sul	omission Category	: Submitted
Incident Scene				-	
Incident Occurred at Facility? Yes		•		. *	. ,
Location: Montana State Prison/Maxi	mum Security/R	estrictive Ho	using/A/LOV	VER/2/A-Block Show	vers
Summary of Incident			÷ .	arking w	· · · · · · · · · · · · · · · · · · ·
On the above date and approximate tin Whitford to the shower. Once Inmate V then ripped off the shower curtain and sharkey asked Inmate Whitford to cuff throw water at us. Once that didn't wor water was turned off. Inmate Whitford to	/hitford was in the started ripping it up multiple time k. Inmate Whitfo	ne shower he apart. At this s and Inmate rd then bega	began flood point we be Whitford re n spitting to	d the shower. Inmate egan cleaning up the fused. Inmate Whitf	Whitford water. SGT ord began to
nvolved Persons			-	<u> </u>	
Category Person Staff Paull, David		rative cer involved			-
Staff Forrest, William		cer involved			- ,-
Staff Sharkey, John		geant involve			
Offender Whitford, Makueeyape		ate Involved			
3015941		ate mvolved			
Source and Documentation				* a	
Anonymous Informant: No			•		
Information Source: Staff - Paull, Da	vid .		· 5	· ·	,
Reporting Staff: Paull, David			Title: Corre	ctional Officer 1	
Signature: Queller		-	Date: 1/2 -	09-2020	
			Bute. <u>20</u>	<u>0, 22, </u>	
Notes No Notes are associated with this Incid	ont Statement	•	* ***	<u> </u>	
		-	** - T	4	
NOTE: Supervisors must review a	ll reports for	accuracy b	efore sign	ing off	
Supervisor Review and Remarks:	Resiewed	and	(zi)	buted	<u> </u>
Supervisor Name: 17 Mc	Nabb		-	colemant	
Signature: // ////	<u></u>		Date:/	0-9-2020	
Routing List (Place an X next to the	ose this repo	rt will be d	istributed	to):	<u> </u>
Helena Office		nty Major	···	Medical	
MSP Duty Officer	Unit	Manager		Mainten	ance ·
Warden or Designee		mand Post	· ·	Investig	ator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

6
STA OF MONTANA DEPARTMENT OF CORR ONS
MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR ☑ MINOR □
Inmate's Name: Whirford, Makuseyapee ID# 3015941 Date: 10/15/2020
Infraction Number(s) & Name(s) 4108 ATTEMPTING TO COMET A CRIMINAL ACT: 4111 ATTEMPTING □ I DO UNDERSTAND THE VIOLATION □ I DO NOT UNDERSTAND THE VIOLATION—ADDITIONAL ACTION TAKEN
Continuance granted to Date: By: Serr on State, 4210 Flooding Reason:
Plea: Guilty Not Guilty Other:
Inmate's Statement: I DID NOT GET A COPY OF THIS. I COUNT PREPARE
A Defense.
-Infraction was read to Whitford.
Evidence Provided: Infraction Report
ATTEMPTING SOMETHEREY TO COMMET ASSAULT (4111)
Findings: Guilty of # 4108, 4210
Evidence Relied On: Infraction heart
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 20 fine 4108 4210 (Aggragated)
30 days pet ss for 90 days
Reason(s) for findings: ATTEMPTED TO SPET ON STATE & Flooding
ATTEMPTED TO SPET ON STATE OF Flooding
9 Jun 10 15/2020 pur Corell
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the mile violation(s)
In DO NOT WISH TO APPEAL Mable to Sign due to Cuffe Police Violation(s).
Inmate's Signature / ID#: Maple 18 organ aucho (4) BRee
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
. Troubing out (1 link) Initiate (Goldentou)

Attachment C

MSP 3.4.1, Institutional Discipline

				ENED BY
		ONTANA DEPARTMENT OF CORRECT	CTIONS	DET 21 2020
	MSP MW	P CONTRACT FACILITY:		DISCIPLINAR
		Disciplinary Appeal		DISCIPL
Inmate's Name: Date: 10/15/1	ring Decision:	major infractions only) MARCHELEPPE TID# 4108 (4.114) AHEMATING 18 We of the following apply and so	3015941 May 11 15510191	doys
		entation to support the decision.	donne it to the Dif	O OI DIII.
	plinary procedures	were not followed. The opport-	anity to	berter
3. The sanction(s)) is excessive.			
Warden or designed		VARDEN OR DESIGNEES RESPONSE		
		mentation to support the finding?	YES 🗌	NO 🗌
		applicable disciplinary procedures?	YES 🗌	NO 🗆
Is the sanction(s)	imposed proportion	nate to the rule violation(s)?	YES 🗌	NO 🗌
Decision:				
		of the DHO and the sanction(s) imposed.		
		ctions of the DHO and dismiss the infraction of the DHO, but the sanction(s) imposed or		hall he
	sanction or level to		i ilitiaction level si	nan oc.
	ed sanction(s) for:			
Written justificat	tion for the action	takan ahayar 17 Dulan	,	
written justificat	non for the action	taken above: The DAO!	exism is	CDI/en
		> //h	10	/22/2020
		Warden or Designee Signature		Date
		n takin marakan din dibara		3. 3. 3
Copies to: Records (V	wnite) Parole B	toard-Majors only (Yellow) Housing Unit (Pink) Inmate (Go	oldenrod)
		Simo		
Att	tachment H	MSP 331, Institutional Discipline	Effective January 1, 20	020

EXHIBIT D **EXHIBIT D**

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible)

10/9	100
101	. /

	(Information and staff signatures of		
	MAJOR 🗵	MINOR [
Inmate Name: Zwhiffor	1	Makueerapee First Name	ID# 30/594/
Last na	me	First Name	
Date: 10-8-70 Time	e: 12:15 Place of Inc	ident: RHU LAI	
Room/Cell: LA/ Housin	ng Unit: RHU	Job Assignment: UN 9	999
Date: 16-9-70 Time Room/Cell: 14 Housin Infraction Number(s) & Name(s)	4210: Destroying	tacility property	>
Staff Witness: 1		ther Inmetes involved 1	
Staff Witness: 12.		ther Inmates involved 1	
Description of Violation: (who, w	hat, why, where, when and	how): On the above	date and
approximate time	I CSSt J. Sharke	ey) was called	1 the the
main cage Cofficer	Huerta). She t	old me there	was loud
banging coming for	on A-Block.	when I went	
and went to	Innate whitt	ords 3015941 cx	11 CLOWER-A-1
Innate Whitford	l had a p	nother board from	lunch chow
and he was s.	mashing it is	to pieces off	the floor.
Inmate whitford	was then	placed in me	chanical wrise
restraints and a	noved from L	-Al to LAZ w	ithout furthe
incident. EOR.			
REPORTING STAFF MEMBER:	Sof J. Sharke	2	
	Sgt J. Sharke (Print Name)	2	(Sign Name)
	S54 J. Sharke (Print Name)	2	
Supervisor Review:	Sgt J. Sharke (Print Name) (Print Name)		(Sign Name)
Supervisor Review:	Sgf J. Sharke (Print Name) (Print Name) Pre-Hearing Confine	ment Release to Previous	(Sign Name)
Supervisor Review: Inmate Status:	☐ Pre-Hearing Confine		(Sign Name)
Supervisor Review: Inmate Status:	☐ Pre-Hearing Confine	ment Release to Previous	(Sign Name)
Supervisor Review: Inmate Status:	☐ Pre-Hearing Confine		(Sign Name)
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason:	☐ Pre-Hearing Confine ☐Medical:		(Sign Name) s Status
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completed.) For placement in Pre-Hearing Confinement	☐ Pre-Hearing Confine ☐ Medical:		(Sign Name) S Status Other vidence, incident/witness reports, tal health conditions exhibited
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completed:). For placement in Pre-Hearing Confinement considered alternatives to placement in restrictive	☐ Pre-Hearing Confine ☐ Medical:		(Sign Name) S Status Other vidence, incident/witness reports, tal health conditions exhibited
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completed:). For placement in Pre-Hearing Confinement considered alternatives to placement in restrictive	Pre-Hearing Confine Medical: teness, correctness of charge, and to ensi, I have reviewed the impact that restrict the housing, and have determined that september 1/2 /		(Sign Name) S Status Other vidence, incident/witness reports, tal health conditions exhibited
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completed:). For placement in Pre-Hearing Confinement considered alternatives to placement in restrictive	☐ Pre-Hearing Confine ☐ Medical:		(Sign Name) s Status Other vidence, incident/witness reports, tal health conditions exhibited, is necessary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completec.) For placement in Pre-Hearing Confinement considered alternatives to placement in restrictive mentioned reason. Multiple Status:	Pre-Hearing Confine Medical: teness, correctness of charge, and to ens., I have reviewed the impact that restrict thousing, and have determined that septiments and the septiments of the confine that septiments are the co	ure all necessary information is attached (etive housing may have on medical and mer aration from the general inmate population (Warden or Designee Signe)	(Sign Name) s Status Other vidence, incident/witness reports, tal health conditions exhibited, is necessary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completetc.) For placement in Pre-Hearing Confinement considered alternatives to placement in restrictive mentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have be	Pre-Hearing Confine Medical: Index reviewed the impact that restricts thousing, and have determined that separate the housing of the property of the propert		(Sign Name) s Status Other vidence, incident/witness reports, tal health conditions exhibited, is necessary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completed.) For placement in Pre-Hearing Confinement considered alternatives to placement in restrictive mentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have to 1. Hearing Date: 10 / 15 / 2020	Pre-Hearing Confine Medical:	Mental Health: ure all necessary information is attached (etive housing may have on medical and meraration from the general inmate population (Warden or Designee Signee ACTION present evidence at a hearing.	(Sign Name) s Status Other vidence, incident/witness reports, tal health conditions exhibited, is necessary due to the above
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completed.) For placement in Pre-Hearing Confinement considered alternatives to placement in restrictive mentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have to the learning Date: 1. Hearing Date: 10 / 15 / 2020 2. I understand the charge(s)? 3. I waive my right to a hearing? Yes	medical: Medical:	Warden or Designee Sig EHEARING ACTION present evidence at a hearing. Little to the inmate). ent/Waiver/Refusal form)	(Sign Name) S Status Other vidence, incident/witness reports, tal health conditions exhibited, is necessary due to the above / / mature) (Date)
Supervisor Review: Inmate Status: Approval for placement in PHC: Reason: I have reviewed this report for legibility, completed: For placement in Pre-Hearing Confinement considered alternatives to placement in restrictive mentioned reason. (Shift Supervisor's Signature) I have received a copy of this notice and have to the learning Date: 1. Hearing Date: 1. Hearing Date: 1. I have received a copy of this notice and have to the learning of the learni	medical: Medical:	Warden or Designee Sig EHEARING ACTION present evidence at a hearing. Little to the inmate). ent/Waiver/Refusal form)	(Sign Name) s Status Other vidence, incident/witness reports, tal health conditions exhibited, is necessary due to the above // /
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Attachment B

MSP 3.4.1, Institutional Discipline

MAJOR MINOR D# 3015941 Date: 10/15/2020 Infraction Number(s) & Name(s)	STA F MONTANA DEPARTMENT OF CORREONS MSP	
Findings: Guilty of # 4210 Not Guilty of # Evidence Provided: Twenderfor Report For Sanction Purposes. [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): \$\int_{10}^{\circle}\$ findings: Reason(s) for findings: Administrative review date I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an Appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. It does not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and becumentation to find the finding; (3) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).	Inmate's Name: Whereof Makueeyapee ID# 3018941 Date: 10/15/2020 Infraction Number(s) & Name(s) 4210 Destroying Property I DO UNDERSTAND THE VIOLATION ID NOT UNDERSTAND THE VIOLATION—ADDITIONAL ACTION TAKE Continuance granted to Date: By: Reason: Plea: Guilty Not Guilty Other: Refused to plea	EN
Findings: Guilty of # 4216 Not Guilty of # Evidence Relied On: Theretical Report For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the time/rame [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): \$\frac{1}{10} \cdots \frac{1}{10} \cdo	My Rights. I MAVE NO OPPORTUNATY TO PRESENT A DEFENSE!	
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): The Part Date Safery & Securatry of Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions).	Evidence Provided: Twinserian Report	
Reason(s) for findings: The Pace Type Dear Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Major decisions of the Disciplinary Hearings Officer within 15 days from today. I DO NOT WISH TO APPEAL Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Major decisions of the Disciplinary Hearings Officer within 15 days from today. In the proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).	Findings:	
ADMINISTRATIVE REVIEW / DATE D	(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions,	:).
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i indising office (Goldenou)	I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).	v.

Attachment C

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS	REC	EIVED BY OCT 21 2020
MSP MWP CONTRACT FACILITY:	(OCT 21 INAP
Inmate's Name: Whit ford WAKA-eyapel ID# 30159 Date: 10/15/2020 Infraction(s): A 210 DENOUNCE TO PERFORM	1	DISCIPLINAP
Disciplinary Hearing Decision: QuilTu The \$100.00	1 DIII	DIII
Instructions: Document why one, two, or all three of the following apply and submit it to the submit it is submit it to the submit it is submit it is submit it to the submit it is s	ne DHC	or DHI.
1. There was no evidence of documentation to support the decision.		
2. Required disciplinary procedures were not followed. The opprotunity defense was blantantly devised.	to p	repare a
3. The sanction(s) is excessive.		
WARDEN OR DESIGNEES RESPONSE Warden or designee: Le there sufficient wild recognification to support the finding?	es (Na	NO 🗆
	S 🔀	NO 🗆
	S 🖫	NO 🗌
Decision:		
Affirm. I uphold the decision of the DHO and the sanction(s) imposed.		
 ☐ Dismiss. I disagree with the actions of the DHO and dismiss the infraction. ☐ Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction 	laval ab	all has
reduced sanction or level to:	ievei sii	an be.
suspended sanction(s) for:		
Written justification for the action taken above: Evidence supports Li	h	SHOS
Warden or Designee Signature	10	/ ZZ / 2020 Date
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inn	nate (Gol	ldenrod)

Attachment H

MSP 3.4.1, Institutional Discipline

) N
				State State	100
	STATE	IN MONTANA DEPAR	RTMENT OF CO	ECTIONS	19
	MSP 🗌	MWP CONTRAC	CT FACILITY:		214,
	DISCIPLIN	ARY INFRACTION RI	EPORT / NOTICE O	F HEARING	TIME
		(Information and staff signature	s on this form must be legible)	A STATE OF THE PARTY OF THE PAR	LAG
		MAJOR 🖳	MINOR		
	11 /.	,			2
nmate Name:	whitfor		M	I	D# 3015941
	Last nam		First Name		
		1030 Place of In			
Room/Cell: LA	8 Housing	Unit: PHU	Job Assignment:	NIA	
Infraction Number	(s) & Name(s)	1210: Destroying	Facility prof	enty.	
		• •	• •		
G 00 YY !!	_		01 1 1		
Staff Witness: 1.			Other Inmates involve	d I.	
2.				2	
Description of Vio	lation: (who wh	at, why, where, when an	d how). On the	apple dute	and time
o Olina	Telakitas 11	as on A-block whitfore, M ## Clippoard in Ma k it inmate u tried to disa	Lula dia the	hlisternach	hurce
camo to or	10 in 10 and 0	Whiteach W H	= 30/50(1) his h	liste-DUCK	ANPO MA
MAKES ASUS	Win the	Clionaard in ma	10 4114 TEACH	Took the	or observed
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	<i>J</i>				
	<i>J</i>	D. Jenkins (Print Name)		(Sign Na	me)
REPORTING STA	AFF MEMBER:	D. Jenkins (Print Name)			
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Attachment B

MSP 3.4.1, Institutional Discipline

25	STA OF MONTANA DEPARTMENT OF CORR ONS MSP MWP CONTRACT FACILITY:
•	MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION
T	MAJOR MINOR Date: 10/14/2020 10 # 3015941 Date: 10/14/2020
	tion Number(s) & Name(s) 4210 Destroyung Facility Propert
	tion Number(s) & Name(s) 4210 Destroying Facility Propert UNDERSTAND THE VIOLATION I I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
	uance granted to Date: / / By:
Reason	
Plea:	☐ Guilty ☐ Not Guilty ☐ Other: Kefused to ATTEND
Inmate	e's Statement:
Eviden	ice Provided: Tuffastion Report
	TATTACTION MEINT
Findin	gs: Guilty of # 4210
Eviden	ice Relied On: Infrascrion Report
	nction Purposes: [Circle the number of prior Major/Minor Infraction Reports: I 2 3 4 5] Grid Level to Use: e number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanctio	
	n(s) for findings: Algeody Serving MAXIMUM Allotted
Det	
of Y	he facility.
	W 121 1. htc
ADMIN	IS ATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
Lunder	rstand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an app	eal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I De	O WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
	rt the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are opportionate to the rule violation(s).
	O NOT WISH TO APPEAL
	's Signature / ID#: Refused to Attend Hearing
<u> </u>	
Copies	to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

.

Attachment C

MSP 3.4.1, Institutional Discipline



STATE OF MONTANA DEPARTMENT OF CO. CTIONS MSP MWP CONTRACT FACILITY:

10/0/400

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

Inmate Whitford was as his water was turned on he began the state of t	MART INFRACTION REPORT / NOTICE OF HEARING
Inmate Name: Lhitack	
Date: 10-8-20 Time: 0550 Place of Incident: RHM. Room/Cell: L4A Housing Unit: RHM. Job Assignment: UN 97979 Infraction Number(s) & Name(s) 4210: Destroying facilities property Staff Witness: 1. Other Inmates involved 1. 2. Description of Violation: (who, what, why, where, when and how): On the above clast and explorations from the property of the staff	MAJOR MINOR
Date: 10-8-20 Time: 0850 Place of Incident: RHM. Room/Cell: L4A Housing Unit: RHM. Job Assignment: UN 97979 Infraction Number(s) & Name(s) 4210: Destroying facilities property Staff Witness: 1. Other Inmates involved 1. 2. Description of Violation: (who, what, why, where, when and how): On the above clast and exproximate time T (Set). Shanker) asked Inmates and the share of th	3015941
Date: 10-8-20 Time: 0850 Place of Incident: RHM Room/Cell: L46 Housing Unit: RHM Job Assignment: UN 97979 Infraction Number(s) & Name(s) 4210: Destroying facilities property Staff Witness: 1. Other Inmates involved 1. 2. Description of Violation: (who, what, why, where, when and how): On the above clast and approximate time T (Sct). Shanker asked Inmates and the shanker of	Makureyapre ID# 30/6494
Description of Violation: (who, what, why, where, when and how): Description of Violation: (who, what, why, where, when and how): Approximate time T (Sct) Sharker) asked Tamae Whitford 30/5941 if he ranted a go to his hi Tamate Taphilford replication Tamate Taphilford Tamate Taphi	
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Staff Witness: 1. Other Inmates involved 1. 2. Description of Violation: (who, what, why, where, when and how): On the about clast and explosionate time I (Sct.). Sharker) asked Tyma. The about Tyma. The sharker that the sharker than the sharker t	ng Unit: RHU Job Assignment: UN 99999
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REPORTING STAFF MEMBER: Approval for placement in PHC : Medical: Mental Health:	aid he would after he used the
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1 have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. 1. Hearing Date:/	(Date)
1. Hearing Date:	NOTICE OF HEARING/PREHEARING ACTION
2. I understand the charge(s)?	Time: Quarter Place: Place:
4. Present evidence and witnesses on my behalf. Yes No If inmate has witnesses, have him/her complete a Witness Request form 5. Other pertinent notations: I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.	No (if no, verbally explain the charge(s) to the inmate).
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.	No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.	Man. LIYes Lano If inmate has witnesses, have him/her complete a Witness Request form
disciplinary operational procedure.	
	be subject to imposition of the sanctions as outlined in the institutional inmate
1'Mad 111/14 10-X-1070 11-5/10 to 11	
5771 507 7	10-8-1020 unable to sigh set J. Sharke
(Staff Signature) (Date & Time) (Inmate's Signature PD#)	

Attachment B

MSP 3.4.1, Institutional Discipline

STAND F MONTANA DEPARTMENT OF CORRESTORS MSP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
. •
MAJOR MINOR MINOR
Inmate's Name: Whatford, Makueeyapee ID# 3015941 Date: 10/14/2020
Infraction Number(s) & Name(s) 4210 Destroying Property
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date:/ By:
Reason:
Plea: Guilty Not Guilty Other: Refused to Arrevol
Inmate's Statement:
Evidence Provided: TN Parerian Report
A THACTICAL INCOME
<u> </u>
Findings: Guilty of # 4210 Not Guilty of #
Evidence Relied On: Theraction Becart
INTRACTION KEPORT
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 300 fine : Refer to UM
Reason(s) for findings: Algeady serving maximum allowed
DET. Flooding separates health & safety of STAR & IMMATES
10 15/2020 Phh Care!
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Refused to Arrand Hearing

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible) MAJOR MINOR

	MAJOR X N	IINOR ∐	
Inmate Name: Whithout		akvienapee	_{ID#} 30/594/
Last nar		First Name	
	Place of Incident		
		b Assignment:	
Infraction Number(s) & Name(s)	4220-065+10 ctim	g Stoff	
-	4610-destruction	of state Plape	rly
Staff Witness: 1.			<u> </u>
2.	Other	Inmates involved 1.	
		2	
Description of Violation: (who, who	at, why, where, when and how	: On The cubo v	a date t
rime I/m whit	tord, M #3015	941 Plooded	for nat
getting extra bedi	ding FOR		
<u> </u>	<u> </u>		
			
			
		<u> </u>	
			
			
REPORTING STAFF MEMBER:	Ro 1 51		
	17:20(4)/. 114/-		
REPORTING STAFF MEMBER.	Print Name)		ign Name)
Supervisor Review:	(Print Name)	(S	ign Name)
	(Print Name)	· · · · · · · · · · · · · · · · · · ·	ign Name)
	(Print Name) (Print Name) (Print Name)	(S.	ign Name)
Supervisor Review: Inmate Status:	☑ Pre-Hearing Confinemen	(S	ign Name) Status ☐ Other
Supervisor Review:	` ,	(S.	ign Name) Status ☐ Other
Supervisor Review: Inmate Status: Approval for placement in PHC:	☑ Pre-Hearing Confinement	(S	ign Name) Status ☐ Other
Supervisor Review: Inmate Status:	☑ Pre-Hearing Confinement	(S	ign Name) Status ☐ Other
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STA F MONTANA DEPARTMENT OF CORRESONS MSP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR MINOR
Inmate's Name: Whatford Makueeyapee ID# 3015941 Date: 10/14/2020
Infraction Number(s) & Name(s) 4220 Obstructing Staff 4210 Destruction of Property
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION—ADDITIONAL ACTION TAKEN
Continuance granted to Date: / / By:
Reason:
Plea: Guilty Not Guilty Other: Refused to Arrevol Inmate's Statement:
nimate 5 Statement.
Evidence Provided: Tutaserian Report, Incident Report
Findings: Guilty of # 4220; 4210
Evidence Relied On: Transparer Report: Insident Report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 4220 & 4210 (Aggregated) \$20 fine, Refer to MT
4220 8 4210 (AggRAGATED) - 20 Tine, Keter To WIT
Reason(s) for findings: A Bready Serving MAXTMUM Allotred
DET. Flooding separates health & safety of STAGE & THATES
OA
10 15 Low Shinconell
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Refused to Attend Hearing
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline



Montana Department of Corrections

Statement of Incident

Title: Flood	RHU			Statement #: 4860
Incident Dat	e: 10/08/2020	Incident Time:	02:03 AM	Statement Date: 10/08/202
Jurisdiction	: Montana State Priso	n		Submission Category: Draft
Incident Sce	ene			,
	curred at Facility? Ye	es		
Location: N	Montana State Prison/M	/laximum Security/F	Restrictive Housing	J/A/UPPER/5
Summary of	f Incident			
On the above was conducting cell UA5. with out furth	e date and time I, C/O ing a walkthrough on A Command Post was r er incident.	Block, When he no	oticed I/M Whitford	of the RHU Primary cage. C/O Elmose d, Makueeyapee #3015941 had flooded ed up, I/M Whitford was moved to LA6
Involved Pe	rsons			
Category	Person		rrative	
Staff	Malcomb, Thomas			
Staff	Elmose, Thomas			
Staff	Bigelow, Tyler			
Offender	Whitford, Makueey	•		
	3015941			
	Documentation Informant: No			
-	Source: Staff - Beas	lev Daniel		
Reporting S			Title	e: Correctional Officer 1
reporting <u>o</u>	2000,50			
Signature:_			Date	e: <u>10·8·202</u> 0
Notes				
No Notes are	e associated with this I	ncident Statement		
NOTE: Sun	ervisors must revie	w all reports for	accuracy befor	re signing off
NOTE: Oup	er visors must re vie	1	10.	•
Supervisor	Review and Remarks	: Nevicwel	Wistributed	<u> </u>
		ŕ	•	
	/)	11-15		
Supervisor	Name: <u>/////</u>	Ruging	Title	e: Licutenan t
Cianatura	11 8	exhaline	Date	e: <u>10/8/7</u> 2
Signature:	Ut. Ctru			•
	t (Place an X next t			Medical
	ena Office		urity Major	Maintenance
	P Duty Officer		Manager	
	rden or Designee		nmand Post	Investigator's Office
Dep	outy Warden	Inm	ate Records File	MCE

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: flood RI	ήŲ		· · · · · · · · · · · · · · · · · · ·	Statement #: 48615
Incident Date	: 10/08/2020	Incident Time:	02:03 AM	Statement Date: 10/08/2020
Jurisdiction:	Montana State Pri	son		Submission Category: Draft
Incident Scer	ie			<u> </u>
Incident Occu	rred at Facility?	Yes	-	
Location: Mo	ntana State Prisor	n/Maximum Security/F	Restrictive Housing/A/	UPPER/5
Summary of I				
# 3015941 was	s flooding went to a	get the water key to tu	irn off his water one o	A block I noticed that Inmate Whitford of the valves were broken command no further indecent. End of report
Involved Pers	ons	<u></u>		
Category	Person		rrative	
Staff	Malcomb, Thoma	as 		
Staff	Beasley, Daniel			,
Staff	Bigelow, Tyler			
Offender	Whitford, Makue 3015941	eyapee - 		
Source and D	ocumentation			
Anonymous I	nformant: No			
Information S	ource: Staff - Eln	nose, Thomas		
Reporting Sta	iff: Elmose, T	homas	Title: C	Correctional Officer 1
Signature:	homas &	Pune	Date: _	10-8 2020
Notes			<u>-</u>	
No Notes are	associated with this	s Incident Statement		
NOTE: Super	visors must rev	iew all reports for	accuracy before s	signing off
		0	10 11	
Supervisor R	eview and Remar	ks: <u>14-evenee</u>	/ WIDTINGARC	
			· 	<u></u>
Supervisor N	ame: <u>Uhu</u>	Charsterson	Title:	Cicu tenant
Signature:	It. au	Mysin	Date: _	10/8/20
Routing List	(Place an X nex	t to those this repo	ort will be distribu	ted to):
Heler	a Office	Sec	urity Major	Medical
MSP	Duty Officer	Unit	Manager	Maintenance
Ward	en or Designee	Con	nmand Post	Investigator's Office
Depu	ty Warden	Inma	ate Records File	MCE
	ciate Warden	Inma	ate Unit File	Safety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

LA-4

INMATE: Wherford, McKuceyApred O#: 3015941 LOCATION: RHU

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED Reschalled FOR 10/14/2020 8 10/14/2020 IS/ARE BEING CONTINUED UNTIL FOR THE FOLLOWING REASONS: PHC 0/0 STATUS IMMATES ARE TO have hearings with 72 hrs. One to STATUS immates are to have hearings with 72 hrs. One to STATUS immates are to have hearings for hard will be computed on 10/14/2020 Inmate Signature Whale to Sign/SMP DATED 10/9/2020 Disciplinary Manuell DATED 10/9/2020

HEARII	NG CONTINUATION NOTICE #2
THIS FORM SERVES AS NO	OTIFICATION THAT THE HEARING(S) SCHEDULED
FOR	_ IS/ARE BEING CONTINUED UNTIL
FOR THE FOLLOWING RE	ASONS:
Inmate Signature	DATED
Disciplinary	DATED

Records (White)

Inmate (Goldenrod)

Attachment I

MSP 3.4.1, Institutional Discipline

a ,	
š	STA F MONTANA DEPARTMENT OF CORRECTIONS
Ausweig	MSP MWP CONTRACT FACILITY:
0	DISCIPLINARY HEARING DECISION
-	MAJOR MINOR
Inmate's Name:	Whereford, MakueryAper ID# 3015941 Date: 10/6/2020
Infraction Number	
2	AND THE VIOLATION I I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN Ited to Date: 10/6/2019: What we explained to him
Continuance gran Reason:	ited to Date: 10/6 / 2010 By: Write up explained to him
Plea: Guilty	□ Not Guilty Other: See Starever
Inmate's Stateme	nt: I have been Refused an Apequate peferse. I want
WITHVESSES,	books, Recordings of the hearing. You are biased
and violat	e My Rights.
Evidence Provide	d: INFRACTION REPORT, STILL FOOTAGE
Findings:	Guilty of # 4210 Flooding Not Guilty of #
Evidence Relied C	On: INFANCTION REPORT; STILL FOOTAGE
	IN HAZETION PICTORY
-	
For Sanction Puri	poses:[Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
	poses: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: or guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 310	o Cine
Reason(s) for find	ings: A
	s and other inmates. Acrons separate health and safer
O) OFFICER	S AND OTHER INMATES.
00	
\sim \times	
ADMINISTRATIVE R	EVIEW/DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
an appeal I must	t I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
I DO WISH TO	APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the findin	g; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate	to the rule violation(s).
☐ I DO NOT WIS	SH TO APPEAL
Inmate's Signature	ID#: Unable to sign. Cuffed in back our to previous
	ASSAUTIVE Dehavior.
Copies to: Records	(White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

7				I	200.
		TANA DEPARTMENT	OF CORRE	CTIONS	Nala
	MSP MWP	CONTRACT FACILITY:_			10/8/20
		Disciplinary Appe (major infractions only)			Omis
Disciplinary Hearin	Infraction(s): 43	Makueeuapee 210 Flooding 1ry \$1000 fine or all three of the followin			O or DHI.
1. There was no ev	idence or documentar	tion to support the decision	1.		
ity to pro and the able to 3. The sanction(s) i articulate	Inmate Signature	relation to relation to e facts at t reasoning of that action ates does not put to prepare	the for the tea of the explain a das	thing the and string do I formed they come the real real real real real real real rea	was not this south
Warden or designee		DEN OR DESIGNEES RE	SIONSE		
		ntation to support the finding		YES X	NO 🗆
		licable disciplinary proced	ures?	YES	NO 🗌
Is the sanction(s) in	iposed proportionate	to the rule violation(s)?		YES	NO 🗌
☐ Dismiss. I dismiss.	sagree with the action	he DHO and the sanction(s ns of the DHO and dismiss the DHO, but the sanction(the infractio		nall be:
Written justification	on for the action tak	en above: The Const		. +	, 1
DHO: dec		The LUID.	nee 5	-pports -	~
		Ω_{\bullet}			
		Q VL			114/22
	-	Warden or Designee	Signature		/14 / 2020 Date
		O			

Copies to: Records (White) Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

	•		, !	\mathcal{C}
î Î	i PTATTZ ČanadONTTANTA :	יין גרים א מייט או	· ·	RECEIVED BY
•	STATE OP™ONTANA : MSP X MWP			Va ANT LATARIA
זת	SCIPLINARY INFRACT	ONTRACT FACILI		0670 9
<u>D1</u>		signatures on this forn		DISCULLUSATO
	MAJOR	~	NOR [
Inmate Name:	HITFORD Last name		AKUEEYA PEE First Name	_ 1D# <u>3015941</u>
Date: 10-1-20		ace of Incident:	RHIX	
Room/Cell: LAS	Housing Unit: RH/1	Job .	Assignment:	
Infraction Number(s) & N	Tame(s) 4035 vcs	4111_ASSA	ULTING ANY OTH	ER PERSON (STAFF
	4210 INC	LUDZNE FI	COUNTING	
Staff Witness: 1. <u>4</u> 2. <u>367.</u>	CLARK	Other Inc	nates involved 1.	
2. <u>SGT.</u>	BACKLER		2.	
Description of Violation:	(who, what, why, where, w	hen and how): '	ON THE ABO	OVE DATE AND
1 INE WHALL	COLLECTING	FOOD TRA	YS INMATE T	ZHIT FORD
	FLOOD CELL C	AS_I	OPENED THE F	LUMING CHASE
TO TURN OFF	THE WATER, AVE	5 INMA	TE ZUHITFORD	THEN SPLASHED
STRUCK ME OF	SUID OUT OF VIHE RIGHT S	THE SIL	AND AGE	R, THAT CZQUZD
SIEVOR /VIE U	V THE ICCOUNT S	STOUIFER_P	WP NECK	
				- · · · · · · · · · · · · · · · · · · ·
	 			
		· - <u></u>		
				
		<u>, </u>		
REPORTING STAFF ME	EMBER: ZVYATT	SENSEN	Zuett	7/11/11
Companies Desire		nt Name)	(Şig	Name)
Supervisor Review:	(Pri	nt Name)		n Name)
Inmate Status:		•	, -	•
imiate Status.	Pre-Hearin	g Confinement	☐ Release to Previous St	atus
Approval for placement in	PHC: Medical: fr	vetu	Mental Health: Migg	ale_ Harely
D	A SSWH	/		7
Reason:				
I have reviewed this report for legibil	ity, completeness, correctness of charge	e, and to ensure all nec	essary information is attached (evider	ice, incident/witness reports,
considered afternatives to placement i	onfinement, I have reviewed the impa in restrictive housing, and have determ	ct that restrictive nousir lined that separation fro	ig may have on medical and mental h m the general inmate population is no	ealth conditions exhibited, cessary due to the above
mentioned reason.	/	./^		,
Callybus		0/20		
(Shift Supervisor's Signat	NOTICE OF HEA	(Date)	(Warden or Designee Signatu	re) (Date)
I have received a copy of this notice	and have been informed of my right	to attend and present ev	NG ACTION idence at a hearing.	·
1. Hearing Date: 10 / 5 2. I understand the charge(s)?	Time: <u>CINU</u> hrs. No (if no, verbally explain	Place:_ Ctf		
3. I waive my right to a hearing?	Yes No (if yes, have inmate sig	n an Agreement/Waive	r/Refusal form)	
Present evidence and witnesse Other pertinent notations:	Son my behalf Yes Mo If inme	ite has witnesses, have l	nim/her complete a Witness Request	form
	ty, I will be subject to imposit	tion of the constitu	ne se outlined in the in-the tr	
disciplinary operational pr	ocedure.		•	onal inmate
Sof J. Shac	hes M. Must	<u>10-1-26 141</u> (Date & Time)	5 _ Sst J. Sha	rken
, (Staff S	igfature)	(Date & Time)	Sg/J-Sha (Inmate's) Unable to	Signature / ID#)
A Haak-ast D	\$ 40 m m		_	v .
Attachment B	MSP 3.4	I.I. Institutional Discipl	ine Effective Jar	uary I. 2020

EXHIBIT D EXHIBIT D

M	STA OF MONTANA DEPARTMENT OF CORRECTIONS
(ISP MWP Contract Facility:
	DISCIPLINARY HEARING DECISION
. 1	
	MAJOR MINOR
	Whatford Makueeyspice ID# 3015941 Date: 10/6/202
Infraction Number(s)	111 / 3379(1)
☐ I DO UNDERSTAND	
	to Date: 10 / 6 / 2020 By: Klanecky
Reason:	
Plea: Guilty	□ Not Guilty
Inmate's Statement:	The state of the s
	Refuses to plea or CITE A STATEMENT WILL books
ANC PHONORU	. Hearings officer is biased, violation of Rights
Evidence Provided:	INFRACTION REPORT, Still CAMERA FOOTAGE, INCIDENT REPO
	, sill carried to the format of the format o
Findings:	tilty of # 4111 Assault, 4210 Not Guilty of #
Fill Divis	HILY OF # 4111 ASSAULT, 4210 - NOT GUILLY OF #
Evidence Relied On:	INFRACTION REPORT, CAMERA FOOTAGE, INCIDENT REPORT
4111 8 4210 Ag	20010174 ()
1111 0 1210 249	14 MAGATCO /
For Sanction Purpose	es:[Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
	uilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions)
	of fine, MAXIMUM Allowable pereution has Alread
Sanction(s): \$50	TITE , MALMAN ALLOWABLE DETENTION MAS AIREAL
1	1 0 '
Sanction(s): \$50	The state of the s
1	1 0 '
been sauction	aved. Refer to Investigators office.
Reason(s) for findings	aved. Refer to Investigators office.
Reason(s) for findings	aved. Refer to Investigators office.
Reason(s) for findings	aved. Refer to Investigators office.
Reason(s) for findings	aved. Refer to Investigators office.
Reason(s) for findings	Serious RISK TO SAFETY & SECURITY 10/7/202, Shall
Reason(s) for findings	Serious RISK TO SAFETY & SECURITY EW/DATE 10/7/2020 DISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM
Reason(s) for findings of STACE. ADMINISTRATIVE REVIII I understand, that I in	Serious RISK TO Safery & Security Serious RISK TO Safery & Security EW/DATE DISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
Reason(s) for findings of STACE. ADMINISTRATIVE REVII I understand, that I man appeal, I must sub	Serious RISK To Safery & Security Serious RISK To Safery & Security EW/DATE Disciplinary Hearings Officer to the Warden. In order to file omit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
Reason(s) for findings of STACE. ADMINISTRATIVE REVII I understand, that I m an appeal, I must sub	Serious RISK To Safery & Security Serious RISK To Safery & Security EW/DATE DISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file point a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. PPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
Reason(s) for findings of STACE. ADMINISTRATIVE REVII I understand, that I m an appeal, I must sub I DO WISH TO AP support the finding; (not proportionate to t	SETIONS RISK TO SAFETY & SECURITY BISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file mit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. PPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are the rule violation(s).
Reason(s) for findings F STACE ADMINISTRATIVE REVII I understand, that I m an appeal, I must sub I DO WISH TO AP support the finding; (not proportionate to t	SECIONS RISK TO SAFETY & SECURITY EW/DATE DISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file point a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. PPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are the rule violation(s).
Reason(s) for findings F STACE ADMINISTRATIVE REVII I understand, that I m an appeal, I must sub I DO WISH TO AP support the finding; (not proportionate to t	SECIONS RISK TO SAFETY & SECURITY EW/DATE DISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file point a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. PPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are the rule violation(s).
Reason(s) for findings F STACE ADMINISTRATIVE REVII I understand, that I m an appeal, I must sub I DO WISH TO AP support the finding; (not proportionate to t	Serious RISK To Safery & Security Serious RISK To Safery & Security DISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file point a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. PPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are the rule violation(s). TO APPEAL #: Unable to Sign; cuffed behind back bye to Previou ASSAULTIVE ACTIONS.

Attachment C

MSP 3.4.1, Institutional Discipline



Numeritana Department of Corrections

Statement of Incident

Title: Inmate \	Whitford Assault on Sta	ff ·	** ** ** *** *** *** *** *** *** *** *	State	ment #: 48357
Incident Date:	10/01/2020 I	ncident Time:	12:35 PM	Statemer	nt Date: 10/01/2020
Jurisdiction:	Montana State Prison	• • • •	1	Submission Ca	tegory: Submitted
Incident Scen	e .			•	* ,
Incident Occu	rred at Facility? Yes				
Location: Mo	ntana State Prison/Max	imum Security	Restrictive Housin	ng/A/LOWER/5	
Summary of I	ncident	* e	· ,	<u> </u>	· ,
his cell, LA5. O any liquid Inma Inmate Whitford shield, this unk Immediately aff End of report.	late and time while colle ifficer Clark and myself ite Whitford might try to d splashed an unknown nown liquid stuck me in ter shutting off the wate	went to shut of splash out of the liquid out of the the upper righ	f the water, Office he side of his door he side of his door t neck and should	r Clark held the shield . While I was shutting that was not complete er area.	to try and deflect off the water
Involved Pers	ons	· · · · · · · · · · · · · · · · · · ·	<u> </u>	·	· · · · · · · · · · · · · · · · · · ·
Category	Person		arrative	ا سينقصاحي حطاعات	inuido out of bio
Offender	Whitford, Makueeyap		mate Flooding an	d splashing unknown	iquias out of his
Staff	Jensen, Wyatt	M	yself, the officer s	hutting off the water.	 ;
Staff	Clark, Grant	ō	fficer holding Shie	ld.	
Staff	Buckler, Brian	S	gt on the block.		
Source and D	ocumentation				
Anonymous II		-	,	. · · · · · · · · · · · · · · · · · · ·	•
Information S	ource: Staff - Jensen,	Wyatt `			
Reporting Sta	ff: Jensen, Wyatt	ند ۱	Tit	le: Correctional Office	er_1
Signature:	gut 3	uuu	<u> </u>	te: <u>10-1-2</u>	<u>o :</u>
	associated with this Inci	dent Statemen	<u> </u>		
	visors must review	4-		ore signing off	
to i.e. ouper	VISOIS IIIUSE ICVICH	<u> </u>	- 4004,400		
Supervisor Re	eview and Remarks:	Versewed	-H)15-11:16:01	ed	
f_{ij}	:*				Section 1
- Ten				4	3 %
Supervisor Na	ame: <u>Callaten</u>	· .	<u> </u>	le: <u>SSG-1</u>	
Signature:	On Call		Da	ite: <u>110-01-2007)</u>	; ·
	(Place an X next to t	hose this re	oort will be dist	ributed to):	
	a Office		curity Major		/ledical
	Duty Officer		it Manager	·	Maintenance
			,		- 122

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



່…ວntana Department of Corrections

Statement of Incident

Title: Whitfor	rd #3015941 Flooding	en e		Statement #:	48355
Incident Date	e: 10/01/2020	Incident Time:	12:35 PM	Statement Date:	10/01/2020
Jurisdiction:	Montana State Prison	•	•	Submission Category:	Submitted
Incident Sce	ne		• .	*	J
Incident Occ	urred at Facility? Yes		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	```
Location: M	ontana State Prison/RH	U A Block lower 5			i
	, ,			•	
Summary of	2 ,	3 *	` .	· · · · · · · · · · · · · · · · · · ·	 -
when we were water, while the block the unkn	e going to pick up trays. ne Sergeant went to get nown liquids that he was	I then told the Sér the shield. I then I s throwing at us wi	geant, and went held the shield up hile Corrections C	inmate Whitford AO 301594 to get the water key to shut on against the crack of Whitfor Officer Jensen used the key to ough the crack in the door.	iff the d's door to
Involved Per	sons		· ·		<u> </u>
Category	Person		rative		<u> </u>
Staff	Clark, Grant		er Involved		
Staff	Jensen, Wyatt		er Involved		
Staff	Buckler, Brian		ervisor Involved		, ,, <u>_</u> , ,
Offender	Whitford, Makueeyar 3015941	ee - Offe	nder Involved		·
	Documentation		<u> </u>	· · · · · · · · · · · · · · · · · · ·	·
-	Informant: No				
•	Source: Staff - Clark, C	Frant , ,	- Table		, -]
Reporting St	aff: Clark Grant	1	Little	e: Correctional Officer 1	,
Signature:	drant 1	Larle	Date	: 10/1/20	, ,
Notes	,	<u></u>			
	associated with this Inc	ident Statement	•		, ,
NOTE: Sune	rvisors must review	all reports for a	occuracy hefor	e signing off	
ito i E. Oupe	THOUS MASTICAL			c digitally on:	, "
Supervisor R	Review and Remarks:	Kevi wa	-(Desicional		
				, , ,	:
	<u> </u>				
Supervisor N	lame: <u>Callohan</u>		Title	»: <u>\$\$</u> 67	
Signature:	lu m		Date	i: 10-1-2020	· .
Routing List	(Place an X next to			<u> </u>	<u> </u>
Hele	na Office	Secu	rity Major	Medical [‡]	
MSP	Duty Officer	Unit N	Manager ,	Maintena	and man articles of the control
Ward	len or Designee	Comr	nand Post 💎 😘	Investigat	or's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



พ่อกtana Department of Corrections

Statement of Incident

Title: I/M Wh	nitford M AO3015941	_ 6		′ Sta	tement #: 48349
Incident Date	e: 10/01/2020	Incident Time:	12:35 PM	Statem	ent Date: 10/01/2020
Jurisdiction:	Montana State Priso	n .		Submission (Category: Draft
Incident Sce	ne			•	
Incident Occ	urred at Facility? Ye	s .		-	,
Location: M	ontana State Prison/R	HU A block			•
Summary of	Incident	-			
On the above	date and time I/M Wh	itford began floodir	ng on A block. Whil	e monitoring C/O	s Clark and Jensen try
	ter off for LA5, I (C/S I Whitford was throwing			nd Jensen get hit	with an unknown
Involved Per	•	y out the side of fils	door.		•
Category	Person		rative		
Staff	Buckler, Brian			-	. 7
Staff	Jensen, Wyatt		•		•
Staff	Clark, Grant				
Offender	Whitford, Makueey			 ,	
	3015941	· 			
Source and	Documentation	·		<u> </u>	
_	Informant: Yes				
	Source: Staff - Anony				
Reporting St	aff: Buckler, Bria	ın	Title:	Correctional Offi	cer Sgt
Signature:	1/5. Ba	Ben	Date	: 4- BB K	Þ
Notes		<i>7</i>		•	
No Notes are	associated with this Ir	ncident Statement			
NOTE: Supo	rvisors must revie	u all reports for	annurahu hafara	signing off	
MOTE. Supe	IVISOIS IIIUSCIEVIE	w all reports for	accuracy before	s signing on	
Supervisor R	eview and Remarks:	Reviewed	-Distributed	,	•
-					
		<u> </u>			
Supervisor N	lame: <u>Callahan</u> -	·	Title:	<u> \$564</u>	··
Signature:	Du 1/2		Date	: <u>10-01-2020</u>	
Routing List	(Place an X next to	those this repo		•	
Hele	na Office	Secu	ırity Major		Medical
MSP	Duty Officer		Manager		Maintenance
	len or Designee		mand Post		Investigator's Office
	ity Warden		ite Records File		MCE
	ciate Warden		ite Unit File	• • •	Safety Committee
					carry committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Date: 16 / 2020 Infraction(s): 411 Assault 4210 Flooding Disciplinary Hearing Decision: 560° Fine Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI. I. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. In Assault but a word allowed to washaul the facts of the Amashaul the law in telephone to the followed. Required disciplinary procedures were not followed. Required disciplinary procedures were not followed. Required scenario of the Control of the Co		Rec
Inmate's Name: What food Makueeyare ID# 3018941 Date: 10 /6 2020 Infraction(s): 4111 Assault 4210 Flooding Disciplinary Hearing Decision: 350° fine Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI. I. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision of the DHO and dismiss the infraction. Warden or designee: Is there substantial compliance with applicable disciplinary procedures? Warden or designee: Is there substantial compliance with applicable disciplinary procedures? Warden or designee: Source: Source: Warden or designee: Source: Source: Warden or designee: Source: Source: Source: Warden or designee: Source: Source: Source: Warden or designee: Source: Source: Warden or designee: Source: Source: Source: Source: Source: Warden or designee: Source: Source: Source: Source: Source: Source: Source: Warden or designee: Source: Sourc		10/8/20
Inmate's Name: What food Makueeyare ID# 3018941 Date: 10 /6 2020 Infraction(s): 4111 Assault 4210 Flooding Disciplinary Hearing Decision: 350° fine Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI. I. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision of the DHO and dismiss the infraction. Warden or designee: Is there substantial compliance with applicable disciplinary procedures? Warden or designee: Is there substantial compliance with applicable disciplinary procedures? Warden or designee: Source: Source: Warden or designee: Source: Source: Warden or designee: Source: Source: Source: Warden or designee: Source: Source: Source: Warden or designee: Source: Source: Warden or designee: Source: Source: Source: Source: Source: Warden or designee: Source: Source: Source: Source: Source: Source: Source: Warden or designee: Source: Sourc	MSP MWP CONTRACT FACILITY:	- 10101
Date: [6/6 2626 Infraction(s): 4111 Assault 4210 Flooding Disciplinary Hearing Decision: 550° Fine Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI. 1. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. The facts of the DHO and dismiss the infraction. Modify. I uphold the decision of the DHO and dismiss the infraction. Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be: reduced sanction or level to: suspended sanction(s) for: Written justification for the action taken above: L		Omisi
Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Pecision: Affirm. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction. Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be: reduced sanction or level to: suspended sanction(s) for:	Date: 10/6 2020 Infraction(s): 4111 Assault 4210 Flooding Disciplinary Hearing Decision: 350°° Fine Instructions: Document why one, two, or all three of the following apply and submit it to to 1. There was no evidence or documentation to support the decision. There was no evidence or documentation to support the decision. There was constant to the second to marshall the back to marshall the law in relation to the 2. Required disciplinary procedures were not followed. 1 was not provided an opportunity to defense and my disciplinary hear hear and recorded. The reasoning behind the 3. The sanction(s) is excessive. When a not articulated should be assault is a serious risk, does not explain a first the findings All Major infractions representations.	the DHO or DHI. S us evidence ry defense re facts or Facts. to prepare ing years extractions the reaso
Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Pecision: Affirm. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction. Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be: reduced sanction or level to: suspended sanction(s) for: Written justification for the action taken above: Ev. dreat Supports the SHO's	Inmate Signature Date	
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Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be: reduced sanction or level to: suspended sanction(s) for: Written justification for the action taken above: Ev. down Supports the SHO's		
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written justification for the action taken above: Ev. Loren Supposes the SHO's		level shall be:
Written justification for the action taken above: Ev. Long. Supports the SHO's		
10/14/2020		
10/14/2020	Written justification for the action taken above: Ev. drea Supports 4	he SHOS
10/14/2020	Verish	
10/14/2020		
Varden or Designee Signature Date	Varuen or Designee Signature	10/14/2020 Date

Copies to: Records (White) Parole Board-Majors only (Yellow)
Revised: December 2014

Housing Unit (Pink) Inmate (Goldenrod)



Title: Whitford threats

ોહ**ાtana Department of Corrections**

Statement of Incident

Statement #:

48255

Incident Date:	09/29/2020	Incident Time:	10:00 AM	Statement Date: 09/29/2020
Jurisdiction: Mo	ontana State Priso	n .		Submission Category: Submitted
Incident Scene		•	· ·	•
Incident Occurre	ed at Facility? Ye	es	.	
Location: Monta	ana State Prison/M	laximum Security/R	testrictive Housing/A	VLOWER/1/Outside of cell
Summary of Inc	ident	 -		
(RHU - LA 1) to in additional security I told him that I we would be also stareviewed footage, shutting off his wan his intention to as determine if review hearing the follow "be sure to get ad	nform him I was co y. Inmate Whitford as denying his req ted on his hearing I would see him t ater. He also state sault staff with an wing the video wa ving day. I then we Iditional security h	ontinuing his schedul asked me about his uest based on a leg form. He then ask throwing water near ad that staff walked by fluids. I told him I is necessary. I then	tled hearing until ton is request to review jitimate penological ed me to review vide the water control, ir into the water by go would review all the told him we would to speak with anothe	whitford, Makueeyapee #3015941 morrow (9-30-2020) to arrange for video/photo evidence of the incident. interest and I informed him that that eo footage. He added that if I in an attempt to stop them from ing to the water control and it wasn't evidence submitted thus far and discuss the incident further at his r inmate and Inmate Whitford stated,
Involved Persor	าร			
	erson		rative	
	Vhitford, Makueey 015941	apee -		
Source and Dod				· · · · · · · · · · · · · · · · · · ·
Anonymous Info				
Information Sou	rce: Staff - Klane	cky, Christine		
Reporting Staff: Signature:	Klanecky, Cl	hristine UCKU	Title: I	Hearings Officer 9.29.3000
Notes		. – ()	, ,	
No Notes are ass	ociated with this Ir	ncident Statement	**************************************	
NOTE: Supervis	ors must review	w all reports for a	accuracy before	signing off
Supervisor Revie	ew and Remarks:			
-				,
				
Supervisor Name	e:	**	Title:	
Signature:	- نو	<u> </u>	Date:	
Routing List (Pl	ace an X next to	those this repo	rt will be distribu	ted to):
Helena C	Office	Secu	rity Major	Medical
MSP Dut	y Officer	Unit I	Manager	Maintenance
	<u></u>			· · · · · · · · · · · · · · · · · · ·
Note: This statement	of incident may be th	e only statement of the	described incident, or	it may be one of several. All statements of

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Nichtana Department of Corrections

Statement of Incident

Title: Whitford t	threats	Statement #:	48255		
Incident Date:	09/29/2020	Incident Time:	10:00 AM	Statement Date:	09/29/2020
Jurisdiction: M	lontana State Pri	Submission Category: Submitted			
		*	•	r	
	(t.				•
Wardeń	or Designee	Comi	mand Post	Investigat	tor's Office
Deputy Warden		, Inma	te Records File	MCE	
Associa	te Warden	Inma	te Unit File	Safety Co	ommittee
· Other					

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

•		STATE OF N	MONTANA I	DEPARTMEN	T OF CO	RRECTIONS		
F	MSP 🔀	MWP 🗍 (
	Ī	DISCIPL	INARY	HEARI	NG D	ECISIO	<u>N</u>	
		MAJ	OR 🂢		MINO	OR 🗌		
Inmate's Name: Infraction Numb	er(s) & Nan	tford 1	·Imned	Unia 4	209 -	Insolen	C- C	09-14-205
∠ I DO UNDERST Continuance gra	AND THE VI	OLATION	□ I DO N	OT WIDERST	AND THI	EVIOLATION	– ADDITIO	NAL ACTION TAKEN
Reason: Plea: Guilty Inmate's Stateme		t Guilty	☐ Oth	ner;				
Evidence Provide	g: 12t	ira ctro	n Re	port	·			
Findings: Evidence Relied	CGuilty of #	4220 Fraction	-420 n R			ilty of#	,	
For Sanction Pur (Circle number of pr Sanction(s):								d Level to Use: 3 & prior guilty decisions).
Reason(s) for fine	lings:			Eceno	ا بريلا	oin cla	~ d	staff
and w	as ic	salan						
						<u> </u>		
ADMINISTRATIVE I	EVIEW / DAT	<u>—— 9[1</u>	7/2020	DISCI	LINARY	HEARINGS OFF	ICER/UNIT	DISCIPLINARY TEAM
I understand, tha an appeal, I must	t I may app submit a co O APPEAL (ng; (2) appli to the rule SH TO APPI	eal the decision mpleted app Major decision icable disciply violation(s).	eal form to ns only) be linary proc	isciplinary H the Disciplin cause (1) the	earings ary Heare is ins	Officer to the arings Officer sufficient evi	e Warden r within 15 dence and	In order to file days from today. documentation to
Copies to: Records	(White)	Parole Boar	d-Maiors or	ılv (Vellow)	House	sing Unit (Pin	D Inmi	ate (Goldenrod)

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MSP 3.4.1, Institutional Discipline

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STATE	C MONTANA DEPARTMENT OF CORRECT	CTIONS
MSP [MWP CONTRACT FACILITY:	
DISCIPL	INARY INFRACTION REPORT / NOTICE OF I	HEARING
	(Information and staff signatures on this form must be legible)	
	$MAJOR \square / MINOR \square$	
Inmate Name: _ Whitfor	d An	ID# 30 594
Last nar	me First Name	
Date: 9-13-20 Time	Place of Incident: KHO	
Room/Cell: LAS Housin	Ing Unit: RHU Job Assignment:	=1.003
miraction Number(s) & Name(s)	4220 - (Intentionally Hindering	Staff)
	4208 - (1050lence)	
	-1508 (11301016)	
Staff Witness: 1.	Other Inmates involved 1.	
2.	2.	
Description of Violation: (who, who	nat, why, where, when and how):	above date
		he would like
	inder wear. Hetresponded "I	want everything."
I told him OK	and moved along whitters	
	"You're a lazy - punk Dite	N HO OUP DUISTO
Continued for the		emas a subtra
THE GAILY GOTHES	of the officers	
1		
		1
	/	1
DEDODERIG OF A DESCRIPTION	$\Lambda \Lambda $	1.46
REPORTING STAFF MEMBER:	/VlooSMann (Print Name)	
Supervisor Review:	(Frint Name)	(Sign Name)
-	(Print Name)	(Sign Name)
Inmate Status: Pre-Hearing	g Confinement Release to Previous Status	☐ Other
Reason: Already PHO		_ Calci
•	steness, correctness of charge, and to ensure all necessary information is	attached (evidence, incident/witness reports
etc.)	9/13/2020	(e-ruentes, motaens maioss reports,
(Shift Supervisor's Signature)		esignee Signature) / (Date)
	NOTICE OF HEARING/PREHEARING ACTION	
I have received a copy of this notice and have be 1. Hearing Date: //	en informed of my right to attend and present evidence at a hearing.	· ·
2. I understand the charge(s)? X Yes N	lo (if no, verbally explain the charge(s) to the inmate)	
3. I waive my right to a hearing? Wes N	lo (if yes, have immate sign an Agreement/Waiver/Refusal form) The property of the second of the se	nose Request form
5. Other pertinent notations:	name in a manage new with esses, have inhance complete a with	ness request form
I understand, if found guilty, I will b	e subject to imposition of the sanctions as outlined in t	he institutional inmate_
disciplinary operational procedure	l also understand that by refusing to sign Lam waiving	my hearing, my right to
witnesses and witness statements, an	d my right to an appeal.	1. 161 1/
(Staff Signature)		
(Ount Digitatio)		(Inmata's Sidnature (IDA)
		- (Inmate's Signature,/ ID#)
		(Inmate's Signature / ID#)

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MSP 3.4.1, Institutional Discipline

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STATE Of	F WONTANA DEPARTMENT OF CORRECTIONS	
MSP 🔀	MWP CONTRACT FACILITY:	
· · · · · · · · · · · · · · · · · · ·	ARY INFRACTION REPORT / NOTICE OF HEARING	
DISCIPLINA	· · · · · · · · · · · · · · · · · · ·	
	(Information and staff signatures on this form must be legible)	
	MAJOR MINOR 🗌	
1.10	100	1
Inmate Name: Whit have	Makveevater ID# 3015	94/
Last name	First Name	
Date: 9-12-2020 Time:	2045 Place of Incident: RHU- LU-block	
Room/Cell: (A-S Housing U		1000
Information Name 1 10 10 10 10 10 10 10 10 10 10 10 10 1		2194740
Infraction Number(s) & Name(s)	1210 - Destroying, albering, or clamagin	9
	facility property including flooding	<u>-</u>
·		
, —		
Staff Witness: 1.	Other Investor investor d	
	Other Inmates involved 1.	
2		
Description of Violation: (who, what,	, why, where, when and how): on the glove of	M
and time, whi	He cardectine the 1800 count.	7
Cal Millorald no	Lieux la the Charles aled at the	
Class between	The termina of the fire	
- Com pe Tween	LA-8 & LA-1- Command Post	wes
notitied and the	on cell planter, came in . h	Mer_
the main line	was cleared there were po	reces.
-6+ a state 15	such bed and pilby in his	cell :
and out of t	the drain.	
	Find Of Report.	
REPORTING STAFF MEMBER:	St marold mondo	
REPORTING STAFF MEMBER:	Sof Mars ld MM (Sign Name)	
-	Sof Morald MMM (Sign Name)	
REPORTING STAFF MEMBER: Supervisor Review:	Spand mane) Spand (Print Name) (Print Name) (Sign Name)	
Supervisor Review:	(Print Name) (Sign Name)	
Supervisor Review: Inmate Status: Pre-Hearing Co	(Print Name) (Sign Name) onfinement □ Release to Previous Status □ Other	
Supervisor Review: Inmate Status: Pre-Hearing Co	(Print Name) (Sign Name)	
Supervisor Review: Inmate Status: Pre-Hearing Control Reason: Not a mandata	(Print Name) (Sign Name) onfinement Release to Previous Status Other Phoenical	
Supervisor Review: Inmate Status: Pre-Hearing Control Reason: Not a mandata	(Print Name) (Sign Name) onfinement Arelease to Previous Status Other	reports,
Supervisor Review: Inmate Status: Pre-Hearing Control Reason: Not a mandata	(Print Name) (Sign Name) onfinement Release to Previous Status Other Phoenical	reports,
Supervisor Review: Inmate Status: Pre-Hearing Control Reason: Not a mandata	(Print Name) (Sign Name) onfinement Release to Previous Status	1 1
Supervisor Review: Inmate Status:	(Print Name) (Sign Name) onfinement Thelease to Previous Status Other onfinement The Placement ess, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness /// (Date) (Warden or Designee Signature)	reports, // (Date)
Supervisor Review: Inmate Status: Pre-Hearing Congression: Pre-Hearing	(Print Name) (Sign Name) onfinement Placement oss, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness // (Date) (Warden or Designee Signature)	1 1
Supervisor Review: Inmate Status: Pre-Hearing Content of Reason: I have reviewed this report for legibility, completeneetce (Shift Supervisor's Signature) I have received a copy of this notice and have been in 1. Hearing Date: Ti	(Print Name) (Sign Name) onfinement Release to Previous Status Other PHC Placement ess, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness /// (Date) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION informed of my right to attend and present evidence at a hearing. ime: hrs. Place:	1 1
Supervisor Review: Inmate Status:	(Print Name) (Sign Name) onfinement Pacement Other Other Other (Sign Name) Other Other (Sign Name) Other Other (Warden or Designee Signature) OTICE OF HEARING/PREHEARING ACTION nformed of my right to attend and present evidence at a hearing. ine: hrs. Place: Hearing.	1 1
Supervisor Review: Inmate Status:	(Print Name) (Sign Name) onfinement Placement Ses, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness) // (Date) (Warden or Designee Signature) OTICE OF HEARING/PREHEARING ACTION informed of my right to attend and present evidence at a hearing. ime: hrs. Place: Krill foo, verbally explain the charge(s) to the immate). f ves. have immate sign an Agreement/Waiver/Refusal form)	1 1
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Inmate Status: Pre-Hearing Corresponding to the Reason: I have reviewed this report for legibility, completene etc. I have received a copy of this notice and have been in 1. Hearing Date: // Yes No (if 3. I waive my right to a hearing? Yes No (if 4. Present evidence and winesses on my behalf [5. Other pertinent notations: I understand, if found guilty, I will be su disciplinary operational procedure. I als witnesses and witness statements, and in	(Print Name) (Sign Name) onfinement Pacement Ses, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness // (Date) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION informed of my right to attend and present evidence at a hearing. ime: hrs. Place: Thuch f yes, have jumate sign an Agreement/Waiver/Refusal form) [] Yes [Alvo If inmate has witnesses, have him/her complete a Witness Request form ubject to imposition of the sanctions as outlined in the institutional inmate so understand that by refusing to sign I am waiving my hearing, my right to	1 1
Inmate Status: Pre-Hearing Corneason: Pre-Hearing Co	(Print Name) (Print Name) (Sign Name) Onfinement (Sign Name) Other (Print Name) (Release to Previous Status (Other (Print Name) (Sign Name) Other (Other (Warden or Designee Signature) (Warden or Designee Signature) (OTICE OF HEARING/PREHEARING ACTION nformed of my right to attend and present evidence at a hearing. ine: hrs. Place: hull f no, verbally explain the charge(s) to the inmate). fyes, have inmate sign an Agreement/Waiver/Refusal form) (Yes Alvo If inmate has witnesses, have him/her complete a Witness Request form ubject to imposition of the sanctions as outlined in the institutional inmate so understand that by refusing to sign I am waiving my hearing, my right to inveright to an appeal.	1 1
Inmate Status: Pre-Hearing Corresponding to the Reason: I have reviewed this report for legibility, completene etc. I have received a copy of this notice and have been in 1. Hearing Date: // Yes No (if 3. I waive my right to a hearing? Yes No (if 4. Present evidence and winesses on my behalf [5. Other pertinent notations: I understand, if found guilty, I will be su disciplinary operational procedure. I als witnesses and witness statements, and in	(Print Name) (Sign Name) onfinement Pacement Ses, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness // (Date) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION informed of my right to attend and present evidence at a hearing. ime: hrs. Place: Thuch f yes, have jumate sign an Agreement/Waiver/Refusal form) [] Yes [Alvo If inmate has witnesses, have him/her complete a Witness Request form ubject to imposition of the sanctions as outlined in the institutional inmate so understand that by refusing to sign I am waiving my hearing, my right to	1 1
Inmate Status: Pre-Hearing Corneason: Pre-Hearing Co	(Print Name) (Print Name) (Sign Name) Onfinement (Sign Name) Other (Print Phacement (Sign Name) Other (Other (Other (Date) (Warden or Designee Signature) (Other (Other) (Other) (Other) (Warden or Designee Signature) (Other) (Other) (Other) (Other) (Warden or Designee Signature) (Other) (Other) (Other) (Warden or Designee Signature) (Other) (Other) (Other) (Other) (Warden or Designee Signature) (Other) (Other) (Other) (Other) (Other) (Warden or Designee Signature) (Other) (Other) (Other) (Other) (Warden or Designee Signature) (Other) (Other) (Other) (Other) (Other) (Warden or Designee Signature) (Other) (Other)	1 1
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MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:_ DISCIPLINARY HEARING DECISION MAJOR X MINOR ID# 3015941 Date: 09-16-2020 Inmate's Name: Whitford Makueyapee Infraction Number(s) & Name(s) 4210-Flooding ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN I DO UNDERSTAND THE VIOLATION Continuance granted to Date: Reason: Plea: M.Guilty ☐ Not Guilty ☐ Other: Inmate's Statement: Infraction Report **Evidence Provided:** ☐ Not Guilty of # **X**Guilty of # Findings: Evidence Relied On: In Fraction R or Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (5] Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Sanction(s): \$10 Rostitution for clean up Reason(s) for findings: Offender flooded your cell DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM ADMINISTRATIVE REVIEW / DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedured were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inhitate's Signature / ID#:

MSP 3.4.1, Institutional Discipline

Parole Board-Majors only (Yellow)

Copies to: Records (White)

Attachment C

Effective January 1, 2020

Inmata (Goldenrod)

Housing Unit (Pink)

			_	COPY #1
	STATE OF MONTANA			RECEIVED BY
	MSP MWP DISCIPLINARY INFRAC			SEP-1 0 2020
		aff signatures on this form nu	ıst be legible)	DISCIPLINARY
3			akueryapee_	
Room/Cell: (AR)	Time: 12:30 P Housing Unit: RHU Name(s) 4///: Assaude 42/0: Destroy	Job Assi	gnment: QO/ 1 = kg	Pacl
Staff Witness: 1		Other Inmate	s involved 1.	
and approximate and pyself whitford sithe closk. At Inmate Junt Process. Inmate when we post door his	in and began iffered resistive e 24 hitford of got Inmate c looked de left elbow back MEMBER: Sgf J. S.	Rhineheust A Inmate me very semove it threw hi we grabb continue th was pulled incetting at thursts at	and mysclf whitered 30 agitated 57 agitated 57 anche Whip is paper wo ed Inmate cough out a front of me Yelled anoth anoth	CSat J. Sharkey, 15991. During Rhineheart ford. In made it across - whitford in the room. this whole ch screaming. The sally
Inmate Status:	Pre-Hearing Confinement	☐ Release to Pre	, -	Other
I have reviewed this report for leec.) (Shift Supervisor's S	egibility, completeness, correctness of ch	arge, and to ensure all necess	ary information is attached (evidence) 15 feel Thompson (Warden or Designee Signature	910120
 Hearing Date: / / / I understand the charge(s)? I waive my right to a hearing 	tice and have been informed of my right /Z	Place: KHU the charge(s) to the inmate). an Agreement/Waiver/Refi	e at a hearing. usal form) er complete a Witness Request form	in 4/01cher
disciplinary operational witness sta		hat by refusing to sign opeal.	outlined in the institution Lam waiving my hearing, Inable to Sign	al inmate my right to 5MP
(1. 01	ff Signature)	(Date & Time)	(Inmate's Sign	ature / ID#)
10 m. 101 30	mit U			>

MSP 3.4.1, Institutional Discipline

COPYTEZ

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

		MAJOR 🔀	MINOR [_]		
Inmate Name:	Whitford		Makuer	urner ID	# 3015941
•	Last name		First Name		# 3015991
Date: 9-9-20	Time: 17	Place of Incide	ent. Dili		
Room/Cell: UR	Housing Ilni	t: RHU	Joh Assignment	0.1 /	n 1
Infraction Number		L. KAOL	Job Assignment.	30/ Laga	r 100 l
innaction Number(s) & Name(s) <u>9///</u>	: Assaulting a	or other	person	
	<u>421</u>	0: Destroying	facillity	property	
					,
				-	
Staff Witness: 1.		Othe	er Inmates involve	ed 1.	
2.				2.	
_					
Description of Viole	ation: (who what w	hy, where, when and ho	m). D	یت م	,
2 11 '16 I	mon. (who, what, w	ny, where, when and ho	W): Because	c of Ind	nate
Whittores	aggressive	behavior al	reaction	7 had a	Firm
grip on	sis alm	and was	able to	control 1	his arm.
As WE WE	e walking	through H	e sally	port. Inma	de whilfor
Riched hi	s right to	g affemption	76 to 18	move the	Coff.
lea restrai	ts. When	Jan Col	In R-R	50 A 50 11.	30/
The Land	71. 90 11-01	2/2	10 D-D1	och sarry	POIT
7 POOLA	case was	in the	Sally p	off we	morry
frmate u	hittord 1	to the side	of the	sally po	rk so the
tooch cart	could 6	e removed.	Inmate	2 Kittora	1 again
looked at	me and	Yelled pu	1 ne	in my	fuck no
room and	proceed	to throw	his 1	ff ellow	back
into me	again. 2 h	ad a firm	1 600	on his	~(A) (M)
and was	chla b	s cooleal il	Carl	201 - 1	-CAPPAT -
- 		5 CON 170/ 17.	Les es	ALE WOOD	<u> </u>
REPORTING STAI	F MEMBER:	1 1 01 1-		it up	· /
AGE ON HOUSE	T WILLIAM A	Print Name		(Sign Nan	
Supervisor Review:	•	(Fint Name)	•	(Sign Nan	ie) —
Dupervisor Review.		(Print Name)		(Sign Nan	
		•		` -	•
Inmate Status:		finement	se to Previous Sta	ıtus 🗹 Ot	her
Reason: <u>5MP</u>					
- · · ·	C 1 2122				
etc.)	or legibility, completeness,	correctness of charge, and to ensur	e all necessary informat	ion is attached (evidence, in	cident/witness reports,
"Lt In	ee.vdo.	9/0/2020	,		, ,
(Shift Superviso	r's Signature)	(Date)	(Warde	or Designee Signature)	(Date)
	Non	ICE OF HEARING/PREH	EARING ACTION		(Butto)
I have received a copy of th	is notice and have been infor	med of my right to attend and pres	ent evidence at a bearing	p .	
1. Hearing Date: C	14 /2020 Time:	hrs. Place: RI , verbally explain the charge(s) to	i D		
2. I understand the charge	(s)? Yes No (if no	, verbally explain the charge(s) to	the inmate).		· -
3. I waive my right to a h	earing? Yes MNo (if yes	have inmate sign an Agreement	Waiver/Refusal form)	4	
5. Other pertinent notation	ur:	es No If inmate has witnesses,	nave nim/ner complete	a Witness Request form	
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			· · · · · · · · · · · · · · · · · · ·		
I understand, if foun	1 guilty, I will be subj	ect to imposition of the sar	nctions as outlined	in the institutional in	ımate
disciplinary operatio	nal procedure. Lalso i	inderstand that by refusio	ig to sign I am wai	ving my hearing, my	right to
witnesses and witness	statements, and my i	ight to an appeal!			
- · 	\$** ·	9-9-20 2008	Unable	e to Sich S	MY
	(Staff Signature)	(Date & Ti		(Inmate's Signature	:/ID#)
40 B MEDO	NA CD			<u> </u>	
	7 N				
40-82 MED	2	•			

Attachment B

MSP 3.4.1, Institutional Discipline

COPY # 5

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP 🔀 MWP 🗌 CONTRACT FACILITY:_

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

MAJOR MINOR
Inmate Name: Whiffard Makueryaper ID# 3015941 Last name First Name
Last name Date: 9-9-20 Time: 12:31) Place of Incident: RHU Room/Cell: UB/ Housing Unit: RHU Job Assignment: 80/ Lebor Pool Infraction Number(s) & Name(s) 4111: Assaulting any other present 4210: Destroying facillity peoperty
Staff Witness: 1. Other Inmates involved 1. 2.
Description of Violation: (who, what, why, where, when and how): 2/e then escorted Inner Whitford to his cell. Once in the cell I directed Innate Zuhitford to Rosel on his bed. As he went towards the bed he sound corpund and sat on the
towards the bed for spin around and sat on the bed. Inmate whitford then yelled get the facking things off me. I told him they only come off it you tallow my direction. At that point Inmate whitford reached down and began attemptine to take the safe
leg restraints off. I then ordered all staff to exit the cell. Once all the staff and myself exited the cell I ordered the cage officer to close Upper BI. As soon as the door started closing Inmate 7.16: though
REPORTING STAFF MEMBER: Set J. Sharke (Sign Name) Supervisor Review:
Inmate Status: Pre-Hearing Confinement Reason: Sign Name Other
1 have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) A Zozo
NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. 1. Hearing Date: 9 / 1/2020 Time: // hrs. Place: 1/2020
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Copy # 4

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP Contract Facility:_______

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

		MAJOR 🗗	MINOR 🗌		
Inmate Name:	whitfor	1	11.4	ID# 20/56/11	
minate Italie,	Last nar		First Name	DET ID# 3015941	_
Date: 4-6-20					
Date: <u>9-9-70</u>) lime	:: 12:30 Place of In	Tala Againments O		_
To foo at a Name to	T Housin	Ig Unit: RHU	Job Assignment: 2	1 Labor 1001	
intraction Number	(s) & Name(s)	4111. Assaultin	s any other	person	_
		4210 Destroying	tacillity p	aperty	
			·		_
~ ^~~~					
Staff Witness: 1.			Other Inmates involved 1.		_
2.			2.		
	_ 1				
Description of Vic	lation: (who, wl	hat, why, where, when and	I how): Inmake	whitford stood	
UP looked	at us	seen the	tell door wa	, , , , , , , , , , , , , , , , , , , ,	ed.
	hittord	then began		the belly chain	
from wron				his feet. Once	_
out from	his t	reet he had	1		
63 weekst	with			smalking the	-
cell done			back windo		<u>, </u>
Shiff wta		· - · · /			<u> </u>
of the		ten notified	Command Pa		adou
IPS came					1,
Medical S	La SC C. To	,	Innute 21h		<u> </u>
FOR.	raty Lira	avis Johnson) to	ner assessed	Innate Whittore	2 4.
<u> </u>					
					_
	<u> </u>				_
REPORTING STA	FF MFMRFR				<u> </u>
REPORTING STA	FF MEMBER:	(Print Name)		(Sign Name)	_ _ _
		(Print Name)		(Sign Name)	<u>-</u> -
REPORTING STA		(Print Name)		(Sign Name) (Sign Name)	-
Supervisor Review	:	(Print Name)	elease to Provious Status	(Sign Name)	_ _
Supervisor Review	:	(Print Name)	elease to Previous Status		
Supervisor Review	:	(Print Name)	elease to Previous Status	(Sign Name)	
Supervisor Review Inmate Status: Reason:	: Pre-Hearin	(Print Name)	-	(Sign Name) Other	- -
Supervisor Review Inmate Status: Reason:	: Pre-Hearin	(Print Name) g Confinement	ensure all necessary information is a	(Sign Name)	- -
Supervisor Review Inmate Status: Reason: I have reviewed this reporetc.)	: Pre-Hearin	(Print Name)	ensure all necessary information is a	(Sign Name) Other ttached (evidence, incident/witness reports,	- -
Supervisor Review Inmate Status: Reason:	Pre-Hearing	(Print Name) g Confinement	ensure all necessary information is a (Warden or De	(Sign Name) Other	
Supervisor Review Inmate Status: Reason:	Pre-Hearing	(Print Name) g Confinement	ensure all necessary information is a (Warden or De	(Sign Name) Other ttached (evidence, incident/witness reports,	
Supervisor Review Inmate Status: Reason:	Pre-Hearing	(Print Name) g Confinement	ensure all necessary information is a (Warden or De	(Sign Name) Other ttached (evidence, incident/witness reports,	
Inmate Status: Reason: I have reviewed this reported.) I have received a copy of 1. Hearing Date: 2. I understand the chain	t for legibility, complete for signature)	(Print Name) g Confinement Received Research Re	(Warden or De REHEARING ACTION of present evidence at a hearing.	(Sign Name) Other ttached (evidence, incident/witness reports,	
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Attachment B

MSP 3.4.1, Institutional Discipline



- CONNECTIONS	Statemen	it of Inciden	ť	
Title: Whitford, Makueeyapee inc	cident		Statement #:	4755
Incident Date: 09/09/2020	Incident Time:	12:05 PM	Statement Date:	09/09/2020
Jurisdiction: Montana State Pris	on		Submission Category:	Draft
Incident Scene				•
Incident Occurred at Facility? Y	'es		*	
Location: Montana State Prison/	Maximum Security/F	Restrictive Hous	sing/B/UPPER/1/RHU UB1 cell	
Summary of Incident				
Whitford, Makueeyapee 3015941 screaming "its fucking bullshit," "Wanyways." Whitford began pulling his fist while we were waiting for it immediately began to follow the esscream. While walking to the Blocan attempt to break free from his smy fucking cell already" toward my joined us to escort Whitford to his Sgt Sharkey instructed Whitford to Whitford to kneel on the bed and t and yelled "Fuck you" again. Whitf point all staff exited the cell and set took a few steps back and stepper rear windows breaking the inner g and turned to swing at the rear wir Sharkey keyed the food slot close informed them of the incident that	thy do anything and away while we were to open. Officer Huescort. Whitford then I k sally port, past the soft restraints. Whitford syself and Sgt. Sharke cell. Once in UB1 cells on the bed to hat we would not take ford them leaned do ecured the door. Whild out of his bell chair lass on the back window. When his back d and we left the blo	the fucking pro- escorting him a erta came arous kicked the seco- cage, Whitford ord began getting ey. Once we ere ell Whitford wen which he state to eff the restration which tossed the h. Whitford there dow. Whitford to k turned to us, lo k to initiate res-	gramming, when it doesn't matter and attempted to hit the Sally poind the cage to see Whitford and and sally port door and proceeds kicked his leg hard in what apping very agitated and yelling "just attered B Block the other two flood it immediately to his cell and sated, "fuck you." Sgt Sharkey then into until he did and Whitford put to remove his restraints himself as soft restraints out of the food in began to swing the chain at the continued to yell and scream at a reached over and closed the food.	er ort door with a led to be t get me to or officers t on the bed told away and at that slot and there front and the staff bod slot, Sgr
Involved Persons			·	<u>.</u>
Category Person		rrative		
Staff Sharkey, John		Escorting inma		
Staff Huerta, Chloie	U	icer providing p	presence during escort	
Source and Documentation				
Anonymous Informant: No Information Source: Staff - Rhir	schoort Comthic		,	
Reporting Staff: Rhineheart	• •	Τ.	itle: Correctional Officer	
Reporting Start.	, Cyriulia	ı	nie. Correctional Officer	
Signature: Ol Cho	uhene		late: <u>9/9/2020</u>	
Notes	·	•	7 /	
No Notes are associated with this	Incident Statement			,
NOTE: Supervisors must revi	ew all reports for	accuracy bei	fore signing off	
Supervisor Review and Remarks	(1)		<u> </u>	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Whitford, Makueeyapee incide	nt	Statement #: 47553
Incident Date: 🌼 09/09/2020 - 🦟	Incident Time: 12:05 PM	Statement Date: 09/09/2020
Jurisdiction: Montana State Prison		Submission Category: Draft
	·	
	•	
Supervisor Name: Themas	Sousen 1	Title: Lieutenant
Signature:	maden .	Title: <u>Lieutenant</u> Date: <u>9-9-202e</u>
Routing List (Place an X next to		
Helena Office	Security Major	Medical
MSP Duty Officer	Unit Manager	Maintenance
Warden or Designee	Command Post	Investigator's Office
Deputy Warden	Inmate Records Fil	e MCE
Associate Warden	Inmate Unit File	Safety Committee
Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: Whitford 3015941		Statement #:	47557
Incident Date: 09/09/2020 Incident Time:	01:00 PM	Statement Date:	09/09/2020
Jurisdiction: Montana State Prison		Submission Category:	Submitted
Incident Scene			
Incident Occurred at Facility? Yes	٠		•
Location: Montana State Prison			
Summary of Incident			
called to unit to assess inmate following an extraction. signs were stable except Sats were low due to the wa could be placed in safe cell, noted inmate walking around the safe cell.	y he was being held. F	s agitated and making th inished assessment quic	reat, vital kly so he
Involved Persons			
	rrative		
Offender Whitford, Makueeyapee - 3015941			
Source and Documentation			·
Anonymous Informant: No			-
Information Source: Staff Johnson, Benjamin			
Reporting Staff: Johnson, Benjamin	Title: Li	PN -	
Signature:	Date:	9-9-20	
Notes		•	
No Notes are associated with this incident Statement			
NOTE: Supervisors must review all reports for	accuracy before si	gning off	
0			
Supervisor Review and Remarks:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Supervisor Name: Thomas Snowden	Title:	Lientepant	
Signature:	_ · Date:	9/18/2020	
Routing List (Place an X next to those this repo		ed to):	
	urity Major	Medical	
MSP Duty Officer Unit	-	Maintena	nce
Warden or Designee Com	_	Investigat	or's Office
· · · · · · · · · · · · · · · · · · ·	ate Records File	MCE	
Associate Warden Inma	ate Unit File	Safety Co	mmittee
Other		<u> </u>	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 1

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, <u>Disci</u>		f signatures on this for				
	MAJOR [NOR [Ĺ	DISCIPLIN,	ARY
	name	_	Makueryaj First Name			41_
D = = /C = 11.	me: <u>/2.3/)</u> Pla					<u></u>
Infraction Number(s) & Name(s	ising Unit: KHA	Job /	Assignment: <u>40/</u>	Labor	00/	
Infraction Number(s) & Name(s	4210: Destroy	ing fucil	lity propert			
Staff Witness: 12.		Other Inn	nates involved 1.			
Description of Violation: (who	what why whom on	— 				
Description of Violation: (who,	time ST	men and now):	Un the	Loore	date	 , .
were conducting	MOT with	Inna	e whitton	1 3015	991. D.	backen)
MOT Innate Wh	ifford becan	ie very	agitatec		Rhinehe	ail
and pryselt after	apted to	Knové	Innate 2	shiffer	d. Ina	rate
Whitford stood the clesk At the	up and		his paper		-across	
by the arm of	of point	re grad			20 hite	ord
Innate Whitfor	d resistan	1 40 1	Lange A	+1000	The ro	001.
process. Inmate 2	Mittord w	as pull	ine awar	and	SCAEC	mine
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threw his left		wards a	at ne c	nother	tel or	
REPORTING STAFF MEMBER	3: 5g/ J. 5h	ache-	0 -	٠٠٠٠/	1	ap
Supervisor Review:	(Pri	nt Name)		(Sign Name)	
Supervisor recytow,	(Pri	nt Name)		(Sign Name		- .
Inmate Status: Pre-Heari Reason: 5MP	ing Confinement .	☐ Release to]	Previous Status	₽€th		•
			<u> </u>			
I have reviewed this report for legibility, cometc.)	pleteness, correctness of charg	e, and to ensure all ned	essary information is attact	ied (evidence, inci	dent/witness report	s,
(Shift Supervisor's Signature)		<u>/ <mark>(</mark>) /ZOZO</u>	145tal Thon	ipson	911	1120
	NOTICE OF HEAR	ING/PREHEARIN	(Warden or Design	ee Signature)	(Dat	e)
I have received a copy of this notice and have 1. Hearing Date: 4/14/202	been informed of my right to Time: Any hrs.	attend and present evid	ence at a hearing.	•		
2. I understand the charge(s)? x(Yes.	No (if no. verbally explain th	Place: KHC e charge(s) to the inma	ite).			1
3. I waive my right to a hearing? Yes 5. 4. Present evidence and witnesses on my be 5. Other pertinent potential.	No (if yes, have inmate sign : chalf: ☐Yes No If inmate	an Agreement/Waiver/I has witnesses, have his	Refusal form) m/her complete a Witness F	Pennest form		
5. Oaker periment notations	<i></i>	real los	<u>L niedo unti</u>	1 Wear	4/01/chick	r
l understand, if found guilty, I will	be subject to imposition	n of the sanction	s as outlined in the in	stitutional inc	nate	
disciplinary operational procedure witnesses and witness statements,	and my right to an anni	L by refusing to s	gn I am waiving my	hearing, my r	ght to	
·	9-9-1		Unable to	Sich 51	YP	
(Staff Signature)		(Date & Time)		mate's Signature /	ID#)	_}
OS. Millonially				-		
10 5 100 1000						

MSP 3.4.1, Institutional Discipline

Copy#2

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR
MINOR

Inmate Name:	Whilford	, — ,		Ac he as		ID# 2/	110011
	Last na	me		Nakueco First Name	gapet	<u> المسيح</u>	213711
Date: 9-9-20			of Incident:				
Room/Cell: U		ng Unit: RHCA	Inh	Assignment:	dal /	1.6	n i —
Infraction Number	er(s) & Name(s)	4111: Assault		//33igimont.	-001 -	COBI I	<u> </u>
		WIII POLARITI	ag any	orner	person_	·	
		4210: Destroy	ing to	icillity.	propert	>	
						<u> </u>	
							<u></u>
Ctoff Wilman, 1		•					
Staff Witness: 1.			Other In	mates involve	d 1		
2.					2		<u>.</u>
D							
Description of Vi	olation: (who, wh	nat, why, where, whe	n and how):	Because	e of	Tamak	•
Whiffords	aguressi	re behavio	r alse	and and	7 600	1 2 6	
atio on	his all		as as		caster	6.5	1771
As WE W		ine through		celli	CONTRAJ	7113	arm.
Richard h	11 0 0 6 6		npting	36/14	001+J	n <u>mase</u>	- White
leg restra	20 +5 12.11	, ,	,, ,,	0 0.1	more	the s	0+ F
the food	(1) 1) · · · · · · ·		1 1	D-D10	CA 50	lly po	VF
7. 1.	- Chiff la		the so	My po	it. W	c MOL	zd
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tooch cart	could	be remove	red. I	nmate	ZUKIL	tord	again_
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room and	Proces	ed to the	row	his 1e	£2 el8	low 6	ach
iato ne	again 1	had a	firm	4110	so he	5 01	<u></u>
and wa	3 a6/e	to control	ik.	Conti	rist of	20	1 24 4
			-	writ	T WA)	·
REPORTING ST	AFF MEMBER:	Set J. Sha	he		,		
O		(Print)	Name		(S	ign Name)	
Supervisor Review	N:		·				
		(Print)	Name)		(S	ign Name)	
Inmate Status: Reason: 501		Confinement	☐ Release to	Previous Stat	us	Other	
							- ,
I have reviewed this repo	rt for legibility, complet	teness, correctness of charge,	and to ensure all no	cessary informatio	n is attached (evid	lence, incident/wi	tness reports.
VIV.) . // A	needen	a ,	110-00			•	
(Shift Supervi	isor's Signature)	——————————————————————————————————————	1/2025	(Warden o	or Designee Signa	ture)	/(Date)
	,	NOTICE OF HEARIN	C/PREHEADI	NC ACTION	or Designee Signa	ture)	(Date)
I have received a copy of	this notice and have bee	en informed of my right to atte	end and present evi	dence at a hearing.			i
							'
3. I waive my right to	tge(s): ∠A Yes ∐No a hearing? ☐ Yes ☑No	o (if yes, have inmate sign an	harge(s) to the inm	ate).			
4. Etesent evidence and	d witnesses on my behal	(if yes, have inhate sign and in Yes, No If inmate has	s witnesses, have h	im/her complete a	Witness Request f	ìo rm	
5. Other pertinent nota	tions:						<u>.</u> .
I understand, if fou	nd guilty. I will he	subject to imposition	of the sanction	is as autlined :	n the inctitud	onaliumata	
disciplinary operati	ional procedure. I	also understand that h	v refusing to	ion Lamweis	na my kasei	onai inmate	
witnesses and witne	ss statements, and	l my right to an appeal	A STANKE TO	esuram walv	es-my reacin	R. myrright to	<u>#</u>
		9-9-Zo		Unable	1.	h CNIC	?
	(Staff Signature)		(Date & Time)	VIM DIE		ignature / ID#)	—— I
40 g mED	onA(D		* <u>-</u>	 		g)	
40 S. MED	P. K.						
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Attachment B

MSP 3.4.1, Institutional Discipline

Copy #3

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:_

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

	IV.	IAJOR (Z)	MINOR [
Inmate Name: .w/	it forel		Makuery	ID#	3015941
_ 	Last name		First Name	apet	0010 171
Date: 9-9-20	Time: /2.34	> Place of Inci	dent: RHU		
Room/Cell: uB/				1161	
	nousing Onit: –	RHU	Job Assignment:	801 Lebor	Pool
Infraction Number(s) & N	$ame(s) \frac{9777-7}{2}$	455aulting	any other	Ptison	
	4210:	Destroying	facillity p	16peth	
			7		
	<u></u>			-	
				í	
Staff Witness: 1.		· Ot	her Inmates involved	i 1.	
2.		·		2.	
				<i></i>	
Description of Violations	who what why	ushana mihan and 1		, 1	
Description of Violation:	wao, waat, way, t	wnere, wnen and i	10W): 21/2 +	hen tscolle	d Inna
Whitford to	<u>his se//.</u>	Once in	the cell	I direc	ted
Janate Zuhi	Hard to	Rreel o	en his 6	ed. As he	went
towards the	std he	SPUA OF	ound and	1 344 00	12.
rd. Innate	Whitter-1	11.7	elled as	1 Har Co	h.:a.
hings off me	I told		10	- I DOE TOLE	14119
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1 1 / 1	ections. At		rint Inme	ite Zubittoi	
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eg restraints	_sff. 1	then orde	red all	claff b	exi'l th
ell. Once all	the sta	Al march or	welf sxif	ed the ce	11 1
releved the		<u> </u>		1100 01	1
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			write	_ up	
REPORTING STAFF ME	MBER:	1 J. Sharke	C	2	-
		(Print Name)		(Sign Name)	
Supervisor Review:				1 4	
		(Print Name)		(Sign Name)	
nmate Status: Pre	-Hearing Confinen	nent □ Dela	ase to Previous Stat	us 🗹 Other	
Reason: SMP	Trouting Continet	icit icit	ase to Fievious stati	us 🛂 Other	•
ccason.					
have reviewed this report for legibi	lity completeness correct	tness of charge, and to one	ura all necessary informatio	s is attached (avidence in side.	
tc.) p	1	· A ·	me an necessary information	i is auacheu (evidence, moiden	withess reports,
LL L) Now	len	9 19 120Z	o <u></u>		1 1
(Shift Supervisor's Signat		(Date)		or Designee Signature)	(Date)
•	NOTICE	OF HEARING/PRE	HEARING ACTION		
have received a copy of this notice	and have been informed o	f my right to attend and pr	esent evidence at a hearing.		
1. Hearing Date: 9 / 14	Zozo Time: //x	hrs. Place: ky explain the charge(s) to	HU		
2. I understand the charge(s)? [SIYes ∐No (if no, verba	Wy explain the charge(s) to	the inmate).		[
I waive my right to a hearing? Present evidence and witnesses	ics IAINO (it yes, have	inmate sign an Agreemen	t/Waiver/Refusal form)	Witness Danuari F	
5. Other pertinent notations:		. 10 II minate has with CSSC	o, nave minuter complete a	withers reduct form	- 1
-	V				 [
understand, if found guilty	, I will be subject to	imposition of the s	anctions as outlined i	n the institutional inma	te
lisciplinary operational pro	cedure. Lalso unde	rstand that by refus	ing to sign I am waiv	ng my hearing, my righ	ıt to
vitnesses and witness staten	ents, and my right		, , , , , , , ,	1 /	
		9-7-20 20	of Chable	to Sien St.	150
(Staff Sig	nature)	(Date &		(Inmate's Signature / ID	#5
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10 M MEDONA	. •				
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Attachment B

MSP 3.4.1, Institutional Discipline

Copy # 4

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:_

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR MINOR

Inmate Name: Whitford Makueryaper ID# Last name First Name Date: 9-9-70 Time: 12:30 Place of Incident: RHU Room/Cell: UB Housing Unit: RHU Job Assignment: 90/ Lake, Infraction Number(s) & Name(s) 4/11: Assaulting any other person 420: Destroying facility property Staff Witness: 1. Other Inmates involved 1. 2. Description of Violation: (who, what, why, where, when and how): Inmate whitfard In looked at us seen the cell door was halfware Communication of the food then began to slid the belly Communication of the food the began to slid the belly Communication of the food the began to slid the belly Communication of the back window with the Communication of the back window with	Stood Stood Clos chain Once to
escription of Violation: (who, what, why, where, when and how): In mate what forced then began to slick the belly and the beach with a lock on it. He began smarking the door with the back window with the	Post
com/Cell: UB/ Housing Unit: RHU Job Assignment: 80/ Laker 1 fraction Number(s) & Name(s) 4/11: Assaulting any other person 4210: Destroying facillity property Laff Witness: 1. 2. Description of Violation: (who, what, why, where, when and how): In make whith facel Cooked at us seen the cell door was halfware and a whithout then began to slid the belly and a chain secured It from his feet he had a chain secured It wrists with a lock on it. He began maching It door window and the back window with the	Steed Schain Chair
fraction Number(s) & Name(s) All' Assaulting any other person 4111. Assaulting any other person 4210. Destroying facillity property aff Witness: 1. 2. Secription of Violation: (who, what, why, where, when and how): In make whitefaced they began to slid the belly and as waist down towards his feet of from his freet he had a chain secured in wrists with a lock on it. He began maching down with the	Steed Schoin Chair Once to
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off Witness: 1. Other Inmates involved 1. 2. Scription of Violation: (who, what, why, where, when and how): Inmate whitfacd tooked at us seen the cell door was halfware and a whitfood then began to slid the belle and a chain secured weight a lock on it. He began maching door window with the	stood clos chair once to
off Witness: 1. 2. Scription of Violation: (who, what, why, where, when and how): In mate whitfacd tooked at us seen the cell door was halfware and a whitfood then began to slid the belle and a chain secured weight with a lock on it. He began smarking door window with the	stood clos chair once to
cription of Violation: (who, what, why, where, when and how): In mate whitford looked at us seen the cell close was halfware and whitford then began to slid the belly me around his waist down towards his feet to from his feet he had a chain secured wrists with a lock on it. He began smarking door window with the	stood clos chair once to
scription of Violation: (who, what, why, where, when and how): In mate whiteford I looked at us seen the cell cloor was halfwar mate whiteford then began to stick the belly and around his waish down towards his feet to from his feet he had a chain secured wrists with a look on it. He began smarking door window with the	stood clos chair once to
scription of Violation: (who, what, why, where, when and how): In mate whitegrad I looked at us seen the cell cloop was halfware mate whitefood then began to stick the belly an around his waish down towards his feet to from his feet he had a chain secured wrists with a look on it. He began smarking door window with the	stood clos chain once to
scription of Violation: (who, what, why, where, when and how): In mate 2 h. if and I looked at us seen the cell door was halfwa. I have belly and a chain secured by wrists with a lock on it. He began smarking door window with the	stood chain once to
scription of Violation: (who, what, why, where, when and how): In mate 2 h. If and a looped at us seen the cell door was halfware and a 2 whitfood then began to slid the belly and a chain secured a wrists with a lock on it. He began smarking door window with the	stead class chain once to
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t trom his treet he had a chain secured wrists with a lock on it. He began amaching door window with the	to the
I wrists with a lock on it. He began amachin	ng the
I door window and the back window with the	ng the
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the whappy inmuse why troid orone out the bo	215 mal
	ach wil
The cell, I then notified Command Past of the	<u>incide</u>
came up and moved Inmate 2 shifford to	Safe Ce
adical State (Travis Johnson) then assessed Inmate 2	Shittore
EPORTING STAFF MEMBER: (Print Name) (Sign Name)	·
pervisor Review:	
(Print Name) (Sign Name)	
ate Status: Pre-Hearing Confinement Release to Previous Status Other	
son: MP	
e reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/w	vitnece reports
	aidios icports,
.0.4	/ /
Shift Supervisor's Signature) 9/9/2020 (Date) (Warden or Designee Signature)	
(Shift Supervisor's Signature) (Shift Supervisor's Signature) (Date) (Warden or Designee Signature) NOTICE OF HEADING/PREHEADING ACTION	(Date)
(Shift Supervisor's Signature) (Shift Supervisor's Signature) (Date) (Warden or Designee Signature) NOTICE OF HEADING/PREHEADING ACTION	
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION e received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. Hearing Date: 7 / 1/2 / 22 / Time: 1 / 1/2 /	
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. Hearing Date: 7 / 17 / 227 Time: 17 / 18 Place: R H. understand the charge(s)? [Ayes] No (if no, verbash expression an Agreement (Weiner Referred Form) waive my right to a hearing? [Ayes] No (if we have impate sign an Agreement (Weiner Referred Form)	
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. Hearing Date: 7 / 1 / 2 / 2 Time: hrs. Place: HU understand the charge(s)? [Ayes] No (if no, verbarry explain the charge(s) to the immate). waive my right to a hearing? [Ayes] No (if yes, have immate sign an Agreement/Waiver/Refusal form) Bresent evidence and winnesses on my behalf! [Ayes] No If immate has witnesses, have him/her complete a Witness Request form	
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION e received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. Hearing Date: 7 / 1/2/2/2 Time: Arg. hrs. Place: 1/2/2 Ho. I understand the charge(s)? Nes No (if no, verbally explain the charge(s) to the inmate). I waive my right to a hearing? Yes No (if yes, have inmate sign an Agreement/Waiver/Refusal form) Resent evidence and witnesses on my behalf! Yes No If inmate has witnesses, have him/her complete a Witness Request form Other pertinent notations:	(Date)
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION e received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. Hearing Date: 7 / 14 / 222 Time: Ang. hrs. Place: 140 I understand the charge(s)? Nes No (if no, verbany explain the charge(s) to the inmate). I waive my right to a hearing? Yes No (if yes, have inmate sign an Agreement/Waiver/Refusal form) Present evidence and witnesses on my behalf! Yes No If inmate has witnesses, have him/her complete a Witness Request form Other pertinent notations: derstand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional invates.	(Date)
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION e received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. Hearing Date: 7 / 14 / 222 Time: And hrs. Place: Ho. I understand the charge(s)? Nes No (if no, verbally explain the charge(s) to the inmate). I waive my right to a hearing? Yes No (if yes, have inmate sign an Agreement/Waiver/Refusal form) Present evidence and witnesses on my behalf! Yes No If inmate has witnesses, have him/her complete a Witness Request form Other pertinent notations: derstand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate iplinary operational procedure. I also understand that by refusing to story I am waiving any beautiful.	(Date)
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION The received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. Hearing Date:	(Date)
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION e received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. Hearing Date: 7 / 14 / 222 Time: Ang. hrs. Place: 140 I understand the charge(s)? Nes No (if no, verbany explain the charge(s) to the inmate). I waive my right to a hearing? Yes No (if yes, have inmate sign an Agreement/Waiver/Refusal form) Present evidence and witnesses on my behalf! Yes No If inmate has witnesses, have him/her complete a Witness Request form Other pertinent notations: derstand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional invates.	(Date)

Attachment B

MSP 3.4.1, Institutional Discipline

KHW/Max/ 49499 Unassigned

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	STATE OF MONTANA DEPARTMENT OF CORRECTIONS
мѕр 💢	MWP CONTRACT FACILITY:

DISCIPLINARY HEARING DECISION

DISCH BINNET HEMRING BEGINSON
MAJOR ⊠ MINOR □
Inmate's Name: Whitford Makueeyapee ID# 3015941 Date: 09-16-2020
Infraction Number(s) & Name(s) 4111-appaulting another person 4210-Destroying state I do understand the violation I do not understand the violation-additional action taken rap
☐ I DO NOT UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN FOR
Continuance granted to Date: / By:
Reason:
Plea: Guilty
Inmate's Statement: No Statement

Evidence Provided: Infraction Report/Video Cameras/Incident
Or
Report
Findings: \(\(\)
Evidence Relied On: Infraction Report / Video Cameras/Incident
O
Report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (5) Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 0000000000000000000000000000000000
<u> </u>
End 10-09-2820, Restitution 525800
Reason(s) for findings: Offender a scaulton staff
+ broke a windowin the back of his cell when he
slipped his belly chains.
ampho strig crarks
golfm- 9/17/2020 Carri Walstr
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I was and the I was a sold a distance of the Distriction of the Distri
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

Attachment C

MSP 3.4.1, Institutional Discipline

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*	STATE OF MONTAN	A DEPARTMENT OF CO	DRRECTIONS	
I I		CT FACILITY:		-
	DISCIPLINARY	Y HEARING I	DECISION	
	MAJOR 🛚		OR 🗌	4
Inmate's Name:		. // + _)# 3015941 Date	
I DO UNDERSTAN		NOT UNDERSTAND TH	EVIOLATION - ADDITION	
	ed to Date: / /	and the second s	E VIOLATION ADDITIO	SHALL ACTION TAKEN
Reason:				
Plea: Guilty		Other:		
Inmate's Statement	: No statemen	UT.		
The Aller				
Evidence Provided:		1.1.	~	1
0	Inflaction Ro	port/Vicle	o Camiras,	Mineral
Kiport				
Findings:	uilty of # 4111 + 4210	□ Not Gu	ilty of #	
	Infraction Re	port /Vide	o Comuras/1	ncicint
Report				
For Sanction Purpo	ses:[Circle the number of prior Major/	Minor Infraction Reports:	1 2 3 4 (5) Gr	id Level to Use: 3
(Circle number of prior	guilty decisions within the timeframe [not	each rule violation]. Find grid	d level to use by adding curren	t & prior guilty decisions).
Sanction(s): 30	days detention			ys.
End 10.0	19-2020, KEST	itution 5	328-5	
74				
Reason(s) for findin	gs:	Offinder o	assaultea :	staff
+ broke	a windowin	the back of	P	unn he
shipped hu	obelly chains.	1	9	
all m	9/17/202	a Cana	IAIO Anda .	
ADMINISTRATIVE REV			HEARINGS OFFICER / UNI	T DISCIPLINARY TEAM
an appeal, I must su I DO WISH TO A support the finding;		to the Disciplinary He because (1) there is in	arings Officer within 1 sufficient evidence an	5 days from today. d documentation to
Copies to: Records (V	White) Parole Board-Majors	s only (Yellow) Hou	nsing Unit (Pink) Inn	nate (Goldenrod)
Attachment	C MSP 3.4.1.	, Institutional Discipline	Effective January 1,	2020

STATE OF ALCONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR ☑ MINOR □
Inmate's Name: Whitford Makuceyapee ID# 3015941 Date: 8/16/2020 Infraction Number(s) & Name(s) I DO UNDERSTAND THE VIOLATION Continuance granted to Date: By: Explained water 40 To him Come!
Plea: Guilty Not Guilty Other: I convor euter A plea, Due paccess Not followed
Inmate's Statement: I do NOT have the facts of the CASE. Proceedings
were NOT Adheared to. This hearing was forced on Me, I
CANNOT plead quilty or Not quilty. I have some of the Tool I Need but Not evough for A defense. My orferse has Northmato Do with the facts, ITS About Procedure. My Rights have been violated
Evidence Provided: TyfRACTION REPORT, INCLOSENT REPORT, INMATE WRITTEN SPATEMENT
Findings: Guilty of # 4235, 4213 Not Guilty of # Evidence Relied On: Two Percent, Two devit Report, Turne Wattrey Statement
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s):
Reason(s) for findings: Separazed 3Afery & Security
ADMINISTRATIVE REVIEW / DATE 8 14 2020 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod) Revised: December 2014 2014 2014 2014 2016 2016 2016 2016 2017 2018 2
an appeter 7

NIE 8.27.2020

STATE OF MONTANA DEPARTMENT OF CORRECTION	NS	
MSP MWP CONTRACT FACILITY:		
Date: 8/11/20 Infraction(s): 4235-threatening; 4213 Disciplinary Hearing Decision: 16days det, cress days Instructions: Document why one, two, or all three of the following apply and submi	01594 3 • Ref • O t it to the DHO	rders
There was no evidence or documentation to support the decision.		
2. Required disciplinary procedures were not followed. My whole of sased on Pre-Hearing procedure. Please documentation and document entitled his is not enough room here to say what 3. The sanction(s) is excessive. Please sand me copies of	referse see aff Disciplive need to attack	- 4 .11
10/2020 Inmate Signature 8/16/2020 Date		
WARDEN OR DESIGNEES RESPONSE		
Warden or designee: Is there sufficient evidence and documentation to support the finding?	YES 🔀	NO 🗆
Is there substantial compliance with applicable disciplinary procedures?	YES	NO 🗆
Is the sanction(s) imposed proportionate to the rule violation(s)?	YES	NO 🗌
Decision: Affirm. I uphold the decision of the DHO and the sanction(s) imposed. □ Dismiss. I disagree with the actions of the DHO and dismiss the infraction. □ Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction reduced sanction or level to: □ suspended sanction(s) for:	action level sh	all be:
Written justification for the action taken above: Your defined has with the infractions you received. I will ssows you have brought up the your appeal Warden or Designee Signature	kiotha look wh	121/2020 Date
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink)	Inmate (Go	ldenrod)

Attachment H

MSP 3.4.1, Institutional Discipline

. I.		<u> </u>		8		6
	STATE	MONTA	NA DEPARTMEN	NT OF CORREC	TIONS DEC	YET (
	MSP	☐ MWP ☐	CONTRACT FACI		1/1	EIVED BY
	DISCIPL		ACTION REPORT and staff signatures on this fo		EARING SE	P. 3 0 2020
		MAJO	<u> </u>	INOR [DIS	CIPLINARY
Inmate Name:	WHITE Last na		MAK	<u>(UEEYAPEE</u> First Name	ID#	3015941
Date: 9-29-	20 Time	: 0715	Place of Incident:	RHI		
Room/Cell:	41 Housin	ng Unit: RA	Inb.	Assignment: .59	NOT ASSIC	SNED
Infraction Numbe	r(s) & Name(s)	<u>4235 1</u>	HREATENING AN	PERSON TO INC	LUDE STAFF V	ETH BODZLY HARM.
		4808 I	NSOLENCE INCIUL	TING BUT NOT 1:	EMITED TO DIRE	ZI DZSQESDEZT
Staff Witness: 1.			Other In	mates involved 1.		
2.				2.		 -
Description of Vi	dation: (who wi	of why when	a when and how).	7 241-21		
M. 3015941	TO YARD A	iai, why, where	e, when and now <i>):</i> 7 <i>0 </i>	DISTERNIE	ING INMA	TE ZUNIT FORL
PE TURNED	TO ME	AND VERB	ALY THREATE	WED AGE T	o Punch M	LE I THEN
PLACED YM:	WHIT FORD	BACK	WTO HIS C	ELL THE I		EN THREATENEL
TO KICK			IACH, I TH			OFFICER
CluSE THE THE ABOVE			TM ZHITFOR		ASSAUIT	ME.
TIME.		<u> </u>	ED ON THE	MISSUE DAI	E AND AL	PIQXIMATE.
				_ _		
		·			- , 	_
	· · · · · · · · · · · · · · · · · · ·					
REPORTING STA	AFF MEMBER:	WYATT	C. JENSEN		ult 6.7	en e
Supervisor Review	v:		(Print Name)		(Sign Name)	
	/		(Print Name)		(Sign Name)	
Inmate Status: Reason: Secur	Pre-Hearing	Confinement	☐ Release to	Previous Status	☐ Other	
I have reviewed this repo	rt for legibility, comple	teness, correctness of	charge, and to ensure all n	ecessary information is att	ached (evidence, incider	nt/witness reports,
etc.)	an-		9 129 12020			1 1
	sor's Signature)		(Date)		ignee Signature)	(Date)
I have received a copy of	this notice and have be	NOTICE OF H	[EARING/PREHEAR] ght to attend and present ev	ING ACTION		
Hearing Date: Understand the cha	<u>01 C 12020</u>	Time: (\\\\\\	irs. Place: TR H1)	_		
I waive my right to :	a hearing? 🗌 Yes 📈 N	o (if yes, have inmate	lain the charge(s) to the innersign an Agreement/Waive	r/Refusal form)		
4. Present evidence and 5. Other pertinent nota	d witnesses on my beha tions:	lfi □Yes ⊷No Ifi	nmate has witnesses, have	him/her complete a Witner	ss Request form	
I understand, if fou	nd guilty, I will b	e subject to imp	osition of the sanctio	ns as outlined in the	institutional inme	ute.
disciplinary operati	ional procedure. I	also understan	that by refusing to	sign I am waiving n	iy hearing, my rig	ht to
orthesses and with	ess statements, an	d my right to an	appeal 9/29/20 005	س (۱۱	-111-11 =	3015941
			11/10/14/1/ 1/ 1/ 1/	- 1 - - 1 - 1		301 (3 1 1 1 1
	(Staff Signature)		(Date & Time)		(Inmate's Signature / II	

MSP 3.4.1, Institutional Discipline

STA F MONTANA DEPARTMENT OF CORRECTIONS MSP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR MINOR
Inmate's Name: Wherford MAKURRYARE ID# 3015941 Date: 10/6/2020
Infraction Number(s) & Name(s) 4235 Threateurng 4208 Insoleuse
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION/TAKEN
WAITE UP WAS explained To NW
Reason: AddItIONALTY Security Needed
Plea: Guilty Not Guilty Other: I cannot pacede aights are being,
Inmate's Statement: I want A Recorder I haven had time to violeted
PREPARE MY DEFENSE I Need The right books TO PREPARE I WANT
WITNESSES . Upper 3 upper to Auderson you are Not unbiased,
I want Talk about these nother fucking ASSAULTS
You violate My Rights, you are biased - The courts will handle
This, I will sue you in your official capacity, & individual capacity
Evidence Provided: Tufascriew Reports 14th snewdreut
2 4208 Insoleure
Findings: Guilty of # 9235 Theerening Not Guilty of #
Evidence Relied On: Inference Report
-NTRACTION METOR
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 52100 fine (4235 & 4208 Aggasted); Maxim Allowable
DETENTION TIME has Already been good SANCTIONED.
December for for for divers
Reason(s) for findings: Threatening 15 Serious RISIS To
Safety & Security.
$-\Omega$
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
O STATE OF THE PROPERTY OF THE
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#: Cannot Sign , handcuffed behind back for security one
TO PREVIOUS ASSAULTIVE ACTIONS

MSP 3.4.1, Institutional Discipline

INMATE: Whitford Makueyapee AO#: 3015941 LOCATION: RHU
HEARING CONTINUATION NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 10. 1-2020 IS/ARE BEING CONTINUED UNTIL 10.5.20
FOR THE FOLLOWING REASONS: Further Investigation
Inmate Signature DATED 10-1-2000
Disciplinary Carrie Walston DATED 10-1-2020

HEARING CONTINUATION NOTICE #2
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 10.5.2020 IS/ARE BEING CONTINUED UNTIL 10.10.2020
FOR THE FOLLOWING REASONS: <u>arrange</u> for additional
0)
Inmate Signature Verbally Pavised DATED 10/5/200 1145
Disciplinary Liklanecky N ROWERS DATED 10.5.2020
Inmate Signature Vulvally Pavised DATED 10/5/20@ 1145

Revised: Oct 2012

Records (White)

Inmate (Goldenrod)

				Kee	4
	STATE OF MONT	ANA DEPARTMEN	T OF CORRECTIO	NS 1/	2012120
		CONTRACT FACILITY			1012
	Ξ	Disciplinary App (major infractions on		a	18/20 mis
Instructions: Doc	Infraction(s): 412 ng Decision: Go eument why one, two, or vidence or documentation	r all three of the follow	4208 Tusaleuce e ving apply and submit		O or DHI.
1. There was no ex	ridence of documentation	on to support the deets	1011.		
2. Required discip	Ho was not yo stating the nation as	dans in a darces the darces the reas the reas to the reason	sas not que formation of facts being belling to hind	couse of	the nelling ne facts ne docts ne found sk is no
	Inmate Signature				
Warden or designed		DEN OR DESIGNEES	RESPONSE		
	e: evidence and documenta	ation to support the fin	ding?	YES 🔀	NO
	compliance with applic			YES 🔀	NO 🗆
	mposed proportionate to			YES 🔽	NO
TO THE DIMINISTRAL	inposed proportionate to	me rate violation(b).			
Decision:					
	shold the decision of the				
	isagree with the actions				
	phold the decision of the	e DHO, but the sanction	on(s) imposed or infra-	ction level sh	all be:
	anction or level to:				
suspende	d sanction(s) for:				
Written justificati	on for the action taker	n above: The D	Ho's deuse	'~ ^s	correct.
	_	Warden or Design	iee Signature		114 /2000 Date
		U			
Copies to: Records (W	Thite) David David	Majora orle (V-II)	Hanalis = Hate (D) 15	Tuesday of	11
opies to: Records (W	mile) Parole Board-N	Majors only (Yellow)	Housing Unit (Pink)	Inmate (Go	Idenrod)

EXHIBIT D EXHIBIT D

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

Attachment H

			4
STATE	MONTANA DEPAR	TMENT OF COKK	ECTIONS RECEIVED BY
	MWP CONTRAC		. N. I I. O. 7 (1)7 (1)
DISCIPLI	NARY INFRACTION RE		
	(Information and staff signatures MAJOR	MINOR	DISCIPLINARY
Inmate Name: Whitt So	ord	m	ID# 3015941
Inmate Name: Uhit 50 Last nam Date: 9.17.20 Room/Cell: 208 Infraction Number(s) & Name(s)	ne	First Name	
Date: 9.17.20 Time:	1510 Place of Inci	dent: RHU	
Room/Cell: 208 Housing	Unit: RHU.	Job Assignment:	
Intraction Number(s) & Name(s)	1111 assaulting offi	cer with unki	nown liquid.
-	4x10 stocaing.		
-			
Staff Witness: 1. Goody	0	ther Inmates involved	1
2			2
Description of Violation: (who wh	at, why, where, when and	how): On the	bove date & approximate
time Tassicar T. Tah	noon will intermed	he the contro	Caca informable MA
2-Block was slooding.	On reaching a-Bloc	k Officer Good	du and I discovered it to
De Las Inmate Whitt	ford was flooding, i	approaching th	e plumbing Chase to turn nidentified liquid out the me on the arm head ches ald up some Paper bags ged to turn off the water
55 the water. Inmate 1	whittsord was th	roughing, an up	nidentified liquid out the
side of his cell at m	e. 70 J. Johnson,]	he liquid struct	me on the arm, head, ches
nd back. The liquid als	o struct ossicer 6	gody who he	ald up some paper bags
to the door to bicero	the onslaught. We	sinally mana	ged to turn ors the water
3			
REPORTING STAFF MEMBER:	Jared S. Johns	on Ja	ned & Vahren
S	BRIAN BYCHER	0	Sign Name)
Supervisor Review:	(Print Name)		(Sign Name)
nmate Status:Pre-Hearing	(lease to Previous Statu	
Reason: Whotford alv			
have reviewed this report for regibility, complet	1	1	
tc)			is attached (evidence, incident vitness) reports,
(Shiff Supervisor's Signature)	9 1/7/20 (Date)		Designee Signature) (Date)
(and other solutions)	NOTICE OF HEARING/PRI		Designee Signature) (Date)
have received a copy of this notice and have been 1. Hearing Date: 4/21/20	en informed of my right to attend and	present evidence at a hearing.	
2. I understand the charge(s)? Yes N	Time:hrs. Place: o (if no, verbally explain the charge(s)	to the inmate).	
 I waive my right to a hearing? ☐ Yes ☒ No. Present evidence and witnesses on my beha 			Vitness Request form
5. Other pertinent notations:	minute into withes	, complete a v	TOPON TOTAL
I understand, if found guilty, I will be	e subject to imposition of the	sanctions as outlined in	the institutional inmate
disciplinary operational procedure. I	also understand that by refu	sing to sign I am waivi	ng my hearing, my right to
witnesses and witness statements, and	my right to an appeal.	1808 Unah	1. for sice Durk
(Staff Signature)	(Date &		(Inmate's Sanature / ID#)
		h	wash
		16	
		•//	

MSP 3.4.1, Institutional Discipline

•	-		RECEIVED BY
STATE (MONTANA DEPARTMENT	OF COKKECTIONS	SEP 18 2020
MSP⊠	MWP CONTRACT FACILI	TY;	DISCIPLINARY
DISCIPLINA	ARY INFRACTION REPORT / (Information and staff signatures on this form		3 22001. 2110.1171
	MAJOR 🕅 MIN		
Inmate Name: <u>Whittford</u> Last name	ىبر F	1 Girst Name	_ ID# <u>361594 /</u>
Date: 9-17-20 Time: 1 Room/Cell: Housing I Infraction Number(s) & Name(s) 41	Place of Incident:	RHU	
Room/Cell: Housing U	Jnit: RHU Job A	ssignment:	
infaction Number(s) & Name(s) <u>U</u>	11 ASSAULTING OFFICE WITH	Unknown liquid	
	<u></u>		
<u></u>			
Staff Witness: 1. 6/0 Johnson 2.	Other Inma	ates involved 1.	
Description of Violation: (who, what	why, where, when and how):	In the above do	rte and time
whittford was flooding, be	e Went onto A Block to	osee water on the	Ground Comins
whithfird was flooding. We from LAB. Well thying to s liquid through the crack in b	thut off his water I/m	whittford was the	rowing an Unknown
liquid through the crack in b	is door, the liquid hit	hit mysalf in the	face head, terso, arm
and legs, we were able to liquid looked clear and plur	hine chase was one so a	Still Deing Splache	scalace in exited
the block.	27.13 5 1035 5 1 1 2 1 2 1	Total Costs Shell Wil	7 38 gage; (DE EXT) = 0
			
REPORTING STAFF MEMBER:	Des Doody	Leorge Coo	dy
Supervisor Review:	(Print Name)		ign Name)
_	(Print Name)	(S	ign Name)
Inmate Status: Pre-Hearing Co	onfinement	revious Status	☑ Other
·		18 Detention	
I have reviewed this report for legibility, completene		essary information is attached (evid	ence, incident/witness reports,
(Shift Supervisor's Signature)	9/17/2020	Aft Man	erl 31820
N	(Date) OTICE OF HEARING/PREHEARIN	(Warden or Designee Signa G ACTION	ture) / (Date)
I have received a copy of this notice and have been in	nformed of my right to attend and present evide	ence at a hearing.	i
2. I understand the charge(s)? Yes □No (ii	f no, verbally explain the charge(s) to the inmat	te).	
3. I waive my right to a hearing? Yes No (if 4. Present evidence and witnesses on my behalf.) 5. Other pertinent notations:	Yes, have iterate sign an Agreement Waiver/F	cerusal form) n/her complete a Witness Request f	orm
I understand, if found guilty, I will be st	higgs to imposition of the constinue		
disciplinary operational procedure. I als	so understand that by refusing to si	as outlined in the institution. The last tuition of the last waiving my hearing the last tuition of tuitio	g, my right to
witnesses and witness statements, and m	y right to an appeal.	11 /10 1 -	المستعدد الم
(Staff Signature)	9-17-20 1008 (Date & Time)	(Inmate's	in Due to placames
nahina class.	1 1	Mulmo	· · · · · · · · · · · · · · · · · · ·
while within the	fraction-	9/ 1	_
ame Licident - C	K Nama at the same and the	1 cellan	•
- Fundamilling B	MSP 3.4.1, Institutional Discipline	Effective Januar	y 17, 2017

EXHIBIT D



Statement of Incident

	d AO# 3015941 Floodin	ng and Assulting	staff with unknown	Stateme	ent #: 47813
liquid	00/47/2020	In ald and Times	02:20 DM	Statement	Date: 09/17/2020
Incident Date		Incident Time:	03:20 PM		Draft
Jurisdiction:	Montana State Prison			Submission Cate	gory:
Incident Scer					
	irred at Facility? Yes				
Location: Mo	ontana State Prison/Ma	ximum Security/F	Restrictive Housing/	A/LOWER/8	
Summary of	ncident				
informed by the block with the Johnson went onto C/O John trying to shutof being thrown.	date and time while core primary cage that I/M water key to shutoff the to shutoff the water. I/M son and myself. The waff the water. I grabbed a We were able to shut the	Whitford AO# 30 water. I placed M Whitford started ater hit both C/O a paper bag and	015941 was flooding flood barriers next to the throwing toilet flood Johnson and myse put it up to the crace	g. C/O Johnson and n o the drain and around od water out of the sid of on the face head an	nyself went to A d doors while C/O de of his cell door nd body while
Involved Pers					
Category Staff	Person Johnson, Jared	Na	rrative		
Staff	Goody, George				
Offender	Whitford, Makueeyap				
	0015011				
	Ocumentation				
Anonymous I	**************************************				
	ource: Staff - Goody,	George			
Reporting Sta		3 4 1 7 1	Title:	Correctional Officer	1
	6	/.		01.710	
Signature:	He Doa	19	Date:	9/1/100	,
Notes					
No Notes are a	associated with this Inc	ident Statement			
NOTE: Super	visors must review	all reports for	accuracy before	signing off	
NOTE. Super	visors must review	all reports for	accuracy before	signing on	
Supervisor Re	eview and Remarks:				
				-1	
Supervisor Na	ame: 1/2	ch	Title:	95	
Signature:	R CA	1	Date	9-18-20	\mathcal{P}
Routing List	(Place an X next to	those this rep	ort will be distrib	uted to):	
Helen	a Office	Sec	urity Major	Me	dical
MSP	Duty Officer	Unit	Manager	Mai	intenance
	en or Designee	Con	nmand Post	Inve	estigator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2

STA' F MONTANA DEPARTMENT OF CORRECTIONS
MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MINOR MINOR
Inmate's Name: Whitford Makueeyapee ID#3015941 Date: 9-21-2020
Infraction Number(s) & Name(s) 4111-Assault 14910-flooding 14111-Assault
I DO UNDERSTAND THE VIOLATION I I DO NOT UNDERSTAND THE VIOLATION ACTION TAKEN
Continuance granted to Date: 9 83 8020By: Saklanockil
Reason: Offender elgliest.
Plea: M Guilty 4220 Not Guilty 4 11 411 Other:
Inmate's Statement: The Officers Seen + Knew before they
walked into the water that it was being
thrown, they walked diestruinto the
water this is while asked for the video
to be unleved there's a main elements to.
a cume. The act funtent. They was no intent.
Evidence Provided: infraction report photo,
incident supper, Offendustatement
1 4210 cx
Findings: Guilty of # 4111 411 420 Guilty of #
Evidence Relied On: Und action ilout on to
incident werell, offendlis statement
at o
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s):
PTOPT IN IN 2020
this 10.20.000
- ANIS IN SUREAU
Reason(s) for findings: Reason(s) for findings:
and for Photos denied based on legitimate pendingical
interest offender through writer out he his head
door stalking 2 pefficers. It is unknown what the
Silver liquid was. O Konnek, 10.20.20
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HE RINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
□ I DO NOT WISH TO APPEAL . IS a by a large of the state
Inmate's Signature / ID#: X Wable to Slow- Cuttled gt The
Dack.
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

MSP 3.4.1, Institutional Discipline



Statement of Incident

Title: S.A.U Yard 7/27/2020

Statement #:

45839

Incident Date:

07/27/2020

Incident Time: 03:00 PM

Statement Date: 07/27/2020

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Secure Adjustment Unit Yard

Summary of Incident

On the above date and approx. time I, Sgt. McKinnon, was called to the S.A.U yard by C/O (Correctional Officer) Porter, K. When I arrived to the yard I/M (Inmate) Whitford, M. #3015941 was shirtless, and was yelling at the other inmates in the yard about something. C/O Porter informed me at this point that a few inmates had their shirts off so he told them to put their shirts back on. All the inmates did as C/O Porter asked except I/M Whitford. So I walked over to I/M Whitford's cage and asked him to put his shirt on and cuff up. I/M Whitford immediately stated to me "Hell no". At this point I/M Whitford started to yell at my staff and me, a lot of what he was yelling could not be understood but, he did state to me several times that I was a punk ass sgt. and that if he was on the streets he would beat my ass no questions asked. I then asked one of my officers to go get the camera and record what he was doing and saying. At this point I turned to the inmate that was closest to me besides I/M Whitford and told him to come over and cuff up. This inmate was Wilkins, B. #3021504. I/M Wilkins ignored my first request to cuff off, so I told I/M Wilkins that everyone was going back inside and that he need to cuff up. I/M Wilkins again ignored my request. At this point I told I/M Wilkins "Direct order come to the gate and cuff up", again I/M Wilkins ignored me. I then told my staff to take in every inmate that is willing to cuff up and put them back in there cells. I then notified command post about everything that was going on and they said that IPS was on there way to S.A.U. My staff brought every inmate back inside the unit except for I/M Wilkins and I/M Whitford. At this point I/M Wilkins asked me if he could be cuffed up and brought back inside, I told him if he would cuff up he could be brought back inside, he agreed, so I had one of my officers cuff him up and take him inside the unit without any further incident from him. About 2 mins after I/M Wilkins was escorted inside the IPS team arrived at S.A.U. Upon arriving IPS SSGT. Segovia asked I/M Whitford if he was going to cuff up, I/M Whitford just continued to yell and attempted to stick his arm out of the slot trying to grab SSGT. Segovia. So IPS began to get there all of their gear on. Throughout the entire time IPS was getting their gear on I/M Whitford continued to yellat all of the staff. Once IPS had all of their gear on they went to his cage and order that I/M Whitford get on the ground I/M Whitford complied with this order and got on the ground. As soon as I/M Whitford was on the ground IPS went inside the cage and cuffed him. At this point IPS took I/M Whitford to RHU. EOR

Involved Persons

Category	Person	Narrative
Staff	Porter, Kaleb	Officer watching the S.A.U yard.
Offender	Whitford, Makueeyapee - 3015941	I/M that refused to cuff up and started to threaten staff.
Staff	Segovia, Danel	SSGT. of IPS dealing with I/M Whitford.

Source and Documentation

Anonymous Informant: No

Information Source: Staff - McKinnon, Bryceson

Reporting Staff:

Mckinnon, Bryceson

Title: Correctional Officer Sgt

Signature: C

System mykuma

Date: フ- 27-2020

Notes

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: S.A.U Yar	d 7/27/2020			S	tatement #:	45839
Incident Date:	07/27/2020	Incident Time:	03:00 PM	State	ement Date: 07	7/27/2020
Jurisdiction: M	ontana State Pri	son	•	Submissio	n Category: Su	bmitted
No Notes are ass	sociated with this	Incident Statement				
NOTE: Supervis	sors must revi	ew all reports for	accuracy befor	e signing off	٠ .	
Supervisor Revi	ew and Remark	s: Both off	enders is	sued was	or worke	,, <u> </u>
	1			T		7
Supervisor Nam	e: <i>ESG</i>	C. Francom		Staff	Sergean	7
Signature		acon >	Date	: 7/27/2	070	•
Routing List (PI	ace an X next	to those this repo	rt will be distril	buted to):		
Helena C	Office	Secu	nty Major	·	Medical	
MSP Dut	ty Officer ,	Unit l	Manager .		Maintenance	, _
Warden	or Designee	Com	mand Post		Investigator's	Office
Deputy V	Varden [*]	Inma	te Records File		MCE	
	e Warden	•	te Unit File		 Safety Comn	nittee
Other						

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: Whitford	yard incident			Statement #:	45833
Incident Date:	07/27/2020	Incident Time:	03:00 PM	Statement Date: (07/27/2020
Jurisdiction: 1	Montana State Priso	n	•	Submission Category: S	
Incident Scene	e ·			5 ,	
Incident Occur	red at Facility? Ye				
Location: Mor	ntana State Prison/S	AU Yard [.]			
Summary of Ir	ncident_	•			
cage, I/M Whitfo	115941 had his shirt ord again had his shi Id be bringing him b	off, I asked I/M Wh rt off. I again told I/ ack in from yard ea	itford to put it i 'M Whitford to arly. Once told	yard in SAU. When yard started I/ back on. On my next lap around the put his shirt on and that if I had to he would be going inside, I/M Whi SAU Yard along with IPS to take	ne yard ask him ifford
Involved Perso	ons .				
	Person	Na:	rative		
Offender	Whitford, Makueeya 3015941	pee -			
Source and Do					
Anonymous Inf		-	_		
Information So	urce: Staff - Porter	, Kaleb		. *	
Reporting Staff	F. Porter, Kaleb		T	itle: Correctional Officer 1	
s:	11.124.		•		
Signature:	WDV B	_ 		Pate:	<u> </u>
Notes				·	
No Notes are as	sociated with this In	cident Statement			
NOTE: Supervi	isors must review	all reports for a	accuracy be	fore signing off	
				PHC-DD in RHI	ソ
L.		·			
Supervisor Nan	ne: <u> </u>	Francon	Т	itle: Staff Severant	
Signature:		Com		ate: 7/27/2020	
Routing List (P	lace an X next to	those this repo			
Helena			nity Major	Medical	
MSP Du	uty Officer		Manager	Maintenand	e.
	or Designee	•	mand Post	Investigator	
Deputy	•		te Records File		- 011100
	te Warden		te Unit File		milla-
Other	Transcort.	ппа	IE OUIT CIIB	Safety Com	ıπιπee
			•		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 1

STATE OF MONTANA DEPARTMENT OF CORRECTIONS	RECEIVED
MSP MWP CONTRACT FACILITY:	JUL 2 8 2020
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible)	•
MAJOR ☑ MINOR □	DISCIPLINARY
Inmate Name: Whit ford, Makueeyapee Last name First Name	ID# 301544
Room/Cell: UE-7 Housing Unit: S. A.U Job Assignment: 9999-Una	100
Infraction Number(s) & Name(s) 4235 - Threatena any other person to	
4213-Refusing to immediately soon	1 / 1/ 1/ 1/
ander (command from any staff norm	
Staff Witness: 1. 40 Porter Other Inmates involved 1.	¥-U1¥
2	
Description of Violation: (who, what, why, where, when and how): On the above	data and
approx. time I, Sat. McKinnon, was called to the	S.A.U Vard
by 40 Porter. Upon arriving to the ward I/m (I mate	Whitford, M.
#3019941 was screaming at the top of his lungs a	bout something.
In whit ford was shirtless at this point, so I wal	Kind to
his word cage and asked him to put his ship	tonand
cutted up. Imwhittord Inmediately said "Hell no	· At this
point I started to have my staff bring in the	rest at the
wara. While my start was bringing your in the	whittona en
stated to me several times that I was a punk a	SS SOCTERBEALT
soft and that it he was on the streets he would be	the track
not want a life sentence without parole or k	e would
Kill a staff member INR	
REPORTING STAFF MEMBER: Bryceson mcKianon Gruceson (Signature)	weken
Supervisor Review: (Signature)	i Name)
	n Name)
nmate Status: Pre-Hearing Confinement	atus
Approval for placement in PHC : Medical: Mental Health:	
Reason: 4235 18 a lock up offense.	
have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (eviden	ce, incident/witness reports,
etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental he considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is no	ealth conditions exhibited,
nentioned reason /	- ·
7 27 2020	
	<u>"/28/28</u>
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature)	(Date)
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present existence at a bearing.	(Date)
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present originate at a tearing. 1. Hearing Date: // 30 / 2020 Time:hrs. Place:	(Date)
(Shift Superviser's Signature) NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present entire that a hearing. 1. Hearing Date: 1/30 / 2-27 Time: hrs. Place: 2. I understand the charge(s)? XYes \(\text{No (if no, verbally explain the charge(s) to the inmate).} \)	"] LE ZE (Date)
(Shift Supervisor's Signature) NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present originate at a hearing. 1. Hearing Date: 1/30/2007 Time: hrs. Place: 2. I understand the charge(s)? Yes: No (if no, verbally explain the charge(s) to the inmate). 3. I waive my right to a hearing? Yes: No (if yes, have inmate sign an Agreement/Waiver/Refusal form) 4. Present evidence and witnesses on my behalf: Yes: No If inmate has witnesses, have him/her complete a Witness Request form.	
Content of the charge (s)? Content of the	orm
Content of the charge (s)? Content of the charge (s)? Content of the charge (s) Content of the charge (s)? Content of the	orm
Content of the charge (s)? Content of the	orm

MSP 3.4.1, Institutional Discipline

Inmate Name: Whitesof I Last name Date: 4-3p-2c	4 . S	-		, - _}	
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING DISCIPLINARY INFRACTION Report of this gotten must be degited; DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING RESERVE DISCIPLINARY DISCIPLINAR	•	STATE ÖÆ MONTAL	NA DEPARTMEN'	T OF CORRECTION	IS DECEMBED
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING OTTO 1 2 DISCIPLIN (Information and staff deponders on this form must be legible) MINOR MINOR DISCIPLIN MAJOR MINOR DISCIPLIN DISCIPLIN MINOR DISCIPLIN DIS					RECEIVED E
Inmate Name: Whith ford Make Minor Discipling Inmate Name: Whith ford Make Manner Date: 4-3p-2s Time: 15-s Place of Incident:	` <u>D</u>	ISCIPLINARY INFRA	ACTION REPORT /	NOTICE OF HEAR	<u>ing</u> OCT 0 1 2021
Date: 4-10-10. Time: \$50 Place of Incident: \$640 Room/Cells A-1 Housing Unit: \$640 Job Assignment: Infraction Number(s) & Name(s) \$12(0 Flooding Job Assignment: Infraction of Violation: (who, what, why, where, when and how): \$20					DISCIPLINA
Date: 4-50-6 Time: \$50 Place of Incident: \$640 Noompletells A-1 Housing Unit: \$640 Job Assignment: Infraction Number(s) & Name(s) \$12.0 Flooding Staff Witness: 1. Other Inmates involved 1. 2. Description of Violation: (who, what, why, where, when and how): \$Onto And	Inmate Name: _ U	hit ford	Mati	Leya Pee	ID# <u>30/599</u>
Room/Cell: _A _ Housing Unit: _	Date: 4-30-20	Time: 15ca	Place of Incident	RA.	
Description of Violation: (who, what, why, where, when and how): And the the Above th	Room/Cell: LA-1 Infraction Number(s) &	Housing Unit:/	<u> 什ひ .</u> Job .	Assignment:	
Description of Violation: (who, what, why, where, when and how): And Hole Acor Commits and Allegy & Give Share Property of the Share Commits and the Shar	Staff Witness: 1.		Other In	mates involved 1.	
REPORTING STAFF MEMBER: Supervisor Review: Sup			<u> </u>	2.	
Supervisor Review: Chint Name Sq. Sign Name Sq. S	Ilm whit finds	Plies When Geq. Whit 46, oghing hater	Thotical by Mad Plu Out Of Ur	1990 his foil-	of the Plumin
Supervisor Review: Chint Name Sq. Sign Name Sq. S		<u> </u>		<u> </u>	
Supervisor Review: Chint Name Sq. Sign Name Sq. S					
Supervisor Review: Chint Name Sq. Sign Name Sq. S			_		
Supervisor Review: Chint Name Sq. Sign Name Sq. S			_	<u> </u>	
Supervisor Review: Chint Name Sq. Sign Name Sq. S					
Supervisor Review: Chint Name Sq. Sign Name Sq. S				_	
Supervisor Review: Chint Name Sq. Sign Name Sq. S				<u> </u>	
Supervisor Review: Chint Name Sq. Sign Name Sq. S		<u> </u>			
Supervisor Review: Crint Name Sq. Sign Name Sq. S	REPORTING STAFF M	EMBER:	TOUSER	· 2	
Inmate Status:	Supervises Pavieru	Sal.			(Sign Name)
Inmate Status:	Supervisor Review:	<u> 297. </u>	(Print Name)	<i>- 294.</i>	(Sign Name)
Reason: A real, PHC - I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness report etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general ismate population is necessary due to the above mentioned reason. Warden or Designee Signature (Date) (Warden or Designee Signature) (Date)	Inmate Status:	☐ Pre-He	earing Confinement	Release to Previous	
I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness report etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited considered alternatives to placement in restrictive housing, and have determined that separation from the general ismate population is necessary due to the above mentioned reason. Continuous considered alternatives to placement in restrictive housing, and have determined that separation from the general ismate population is necessary due to the above mentioned reason. Continuous considered alternatives to placement in restrictive housing, and have determined that separation from the general ismate population is necessary due to the above mentioned reason. Continuous considered alternatives to placement in restrictive housing may have on medical and mental health conditions exhibited considered alternatives to placement in restrictive housing may have on medical and mental health conditions exhibited considered alternatives to placement in restrictive housing may have on medical and mental health conditions exhibited considered alternatives to placement in restrictive housing may have on medical and mental health conditions exhibited considered in the above mental health conditions exhibited considered alternatives to placement from the above mental health conditions exhibited considered alternatives to placement from the above mental health conditions exhibited considered alternatives to place and mental health conditions exhibited considered and mental health conditions exhibited consid	Approval for placement in	ι PHC : □Medica	d:	_ ☐ Mental Health:	
Continue of the considered alternatives to placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited considered alternatives to placement in restrictive housing, and have determined that separation from the general impact population is necessary due to the above mentioned reason. A	Reason: _	Already P	Hc-		
(Shift Supervisor's Signature) (Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date) (Warden or Designee Signature) (Date) (Date) (Date) (Date) (Warden or Designee Signature) (Date) (Date) (Date) (Date) (Date) (Warden or Designee Signature) (Date) (Date) (Date) (Date) (Date) (Warden or Designee Signature) (Date) (Date) (Date) (Date) (Warden or Designee Signature) (Date) (Date) (Date) (Date) (Date) (Warden or Designee Signature) (Date) (Date) (Date) (Date) (Date) (Warden or Designee Signature) (Date) (Date) (Date) (Date) (Date) (Warden or Designee Signature) (Date) (Date) (Date) (Date) (Date) (Date) (Warden or Designee Signature) (Date) (Date)	etc.) For placement in Pre-Hearing	Confinement, I have reviewed the	impact that restrictive housing	ng may have on medical and me	ental health conditions exhibited
NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. 1. Hearing Date: 10 / 5 20 Time: Ary hrs. Place: RHU 2. I understand the charge(s)? Ares DNO (if no, verbally explain the charge(s) to the immate). 3. I waive my right to a hearing? Yes No (if yes, have immate sign an Agreement/Waiver/Refusal form) 4. Present evidence and witnesses on my behalf! Yes No If immate has witnesses, have him/her complete a Witness Request form 5. Other pertinent notations: I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.	mentioned reason.	/ /			
NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. 1. Hearing Date: 10 / 5 20 Time: Ary hrs. Place: RHU 2. I understand the charge(s)? Ares DNO (if no, verbally explain the charge(s) to the immate). 3. I waive my right to a hearing? Yes No (if yes, have immate sign an Agreement/Waiver/Refusal form) 4. Present evidence and witnesses on my behalf! Yes No If immate has witnesses, have him/her complete a Witness Request form 5. Other pertinent notations: I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.	(Ship Simon of Si	atura)	7362020	(h./	101
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. 1. Hearing Date: 10 / 5	(Shift Supervisor's Sign	NOTICE OF	(Date)		ignature) (Date)
2. I understand the charge(s)? Myes No (if no, verbally explain the charge(s) to the immate). 3. I waive my right to a hearing? Myes No (if yes, have immate sign an Agreement/Waiver/Refusal form) 4. Present evidence and witnesses on my behalf! Myes No If immate has witnesses, have him/her complete a Witness Request form 5. Other pertinent notations: I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional immate disciplinary operational procedure.	I have received a copy of this noti	ce and have been informed of my	right to attend and present ev	vidence at a hearing.	
3. I waive my right to a hearing? Yes No (if yes, have inmate sign an Agreement/Waiver/Refusal form) 4. Present evidence and witnesses on my behalf: Yes No If inmate has witnesses, have him/her complete a Witness Request form 5. Other pertinent notations: I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.	1. Hearing Date: 10 / 5 2. I understand the charge(s)?	Time: <u>∕I/1 →</u> DiYes □No (if no. verbally e	_hrs. Place: K LL xplain the charge(s) to the inc	mate)	
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.	3. I waive my right to a hearing	? ☐Yes No (if yes, have inm	ate sign an Agreement/Waive	er/Refusal form)	
disciplinary operational procedure.	Present evidence and witnes Other pertinent notations:	es on my behalfi ∐Yes KolNo I	f inmate has witnesses, have	him/her complete a Witness Re	quest form
disciplinary operational procedure.	I understand, if found gui				
Set J. Sharkey 10-1-20 10:25		lty, I will be subject to im	position of the sanctio	ons as outlined in the ins	titutional inmate
(Utaht Complians)		rocedure.	ĵ.	A 1	1 3 1 1
(Staff Signature) (Date & Time) (Infnate's Signature / ID#)	Sct J. Jha	rocedure.	ĵ.	5 <u>M</u>	1 DO

MSP 3.4.1, Institutional Discipline

until the next review.

Restrictive Housing and Secure Adjustment Housing Unit Status Review

Montana State Prison

Name of Inn	nate: Whitford, Makueeyapee	AO # 3015941
Date of Statu	us Review: 4/2/2020	Housing Unit: Restictive Housing
7-Day Review	w ☐ Date of last Review: ा	or tap to enter a date. 30-Day Review 🗵 Date of last Review: 3/5/2020
Inmate Prese	ent for Review: Yes No	☐ If no provide explanation:
Click or tap here		
	ement: 11/23/2017	
	lacement: Assault on Staff	
Current Leve	l Placement: Level 1	
Number of d	ays spent at current level: 86	51
Date of last	review: 3/5/2020	
Behavioral L	og:	
Date	Rule Violation	Details
2/11/2020	4111	Assault on Staff
1/30/2020	4228	Failure to comply with policy (grievance restriction)
1/29/2020	4210	Destroy Facility Property
1/21/2020	4111/4235/4108/4218	Assault on Staff/Threatening/Facilitating Severe Offense/Making Intoxicants
	ssion Assessment Completed:	Yes ⊠ No □ Date 3/9/2020 RECEIVED □ Fair □ Poor □ Completed □ Classific 06 20
Step-Down P	rogramming: Go	od □ Fair □ Poor □ Start ⊠ Completed □ ②
	주어 : 그렇게 하는데 하는데 하다 하다 하다 하는데 하는데 하다다.	relevant behavior regarding additional areas such as mental health or health compliance/non-compliance)
	l Mental Health haven't repo pted Medical and Mental He	orted any concerns to the unit staff at this time. From his door sheet ealth Check Ins cell side.
Review (prov met)	vide recommendation for next	reporting period and document whether previous referral tasks/goal were
but he is tak	king his showers, and recrea	2/11/2020. He is currently refusing his meals as part of a hunger strike, tion. His behavior and his hygiene have been good. He has ntly it is put on hold. It is recommended that he remain on Level 1

EXHIBIT D EXHIBIT D

	4/1/2020	Signature:	Title.	Case	·
Name	or Reviewer:	Den M. Lemmon	· Title·	Tase	Manager
	Regress to p	revious level (poor behavior	, not partic	ipating	in programming) Click or tap here to enter text.
□ .	Progress to	Level 4	•	\boxtimes	Remain at current level Click or tap here to enter text
	Progress to	Level 3	•		Level 5 – Mental Health
	Progress to	Level 2			Progression to General Population
Kecon	nmendation o	t Keviewer:			

	NOTIFICATION
Whitford, Makueeyapee	3015941
NAME	MSP/DOC#
	kends and holidays, a classification review will be held and housing/job assignment. You will be present and have an mation on your own behalf.
REASON FOR NOTICE:	
Special review for level placement.	
DATE: 8/12/20	TIME: 1400
RECEIVED	Inmate Signature
AUG 1 2 2020	Staff Signatures
Classification & Placement	
DATE: Office	TIME:
RESULTS: LNV. COMP	tedal
	Giegni -
	STAFF SIGNATURES

Canary - Counselor

Pink - Inmate

White - File

1 ...

Montana State Prison

Restrictive Housing and Secure Adjustment Housing Unit

Status Review

	nate: Whitford, Makueeyape	ee AO # 3015941
Date of State	us Review: 3/5/2020	Housing Unit: Restictive Housing
7-Day Revie	w ☐ Date of last Review:	lick or tap to enter a date. 30-Day Review 🗵 Date of last Review: 2/4/2020
Inmate Pres	ent for Review: Yes 🗆 💮	No If no provide explanation:
Click or tap	here to enter text.	
Date of place	ement: 12/6/2017	
Reason for p	lacement: Assaulting anothe	er inmate / Threatening Staff / STG
Current Leve	l Placement: Level 1	
Number of d	ays spent at current level: 1	4 days
Date of last i	review: 2/4/2020	
	hitford and yard with held	o was found guilty of assaulting staff with an unknown liquid substance. On from him for participation in a coordinated activity that caused a disturbance
	Rule Violation	Details
	1111	A
2/13/2020	4111	Assaulting staff Failure to obey written policy. Refusing a verbal direct order.
2/13/2020	4111 4228, 4213	Assaulting staff Failure to obey written policy, Refusing a verbal direct order
No. of the same of the		
No. of the same of the	4228, 4213	Failure to obey written policy, Refusing a verbal direct order
2/6/2020 Programming Anger/Aggre	4228, 4213	Failure to obey written policy, Refusing a verbal direct order RECEIVED MAR 0 6 2020 d: Yes No Date Classification & Pleasment Office
2/6/2020 Programming Anger/Aggreen Interactive Jo	4228, 4213 g ssion Assessment Completed burnaling Progression: Good	Failure to obey written policy, Refusing a verbal direct order RECEIVED MAR 0 6 2020 See Page Ment Office
Programming Anger/Aggree Interactive Jo Step-Down P	4228, 4213 g ssion Assessment Completed ournaling Progression: Good rogramming: Good	Failure to obey written policy, Refusing a verbal direct order RECEIVED MAR 0 6 2020 d: Yes No Date Classification Releasement Office
Programming Anger/Aggree Interactive Jo Step-Down P Additional Coservice comp	4228, 4213 g ssion Assessment Completed ournaling Progression: Good rogramming: Good onsiderations: (document an	Failure to obey written policy, Refusing a verbal direct order RECEIVED MAR 0 6 2020 d: Yes No Date Classification & Receivent Office d Fair Poor Completed Poor Start Completed ny relevant behavior regarding additional areas such as mental health or health

EXHIBIT D EXHIBIT D

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 181 of 527

Inmate Whitford was sent back to RHU for SAU on 2/20/2020 and placed on level 1. Since being in the unit Whitford has participated in out of cell time utilizing recreation time at yard. However, his yard was restricted on 2/27/2020. His behavior has shown that Whitford is not read to progress through the levels he is currently at level 1 and scheduled to move to level 2 on 6/16/2020. However, the UMT feel due to his continued behaviors and his unwillingness to maintain clear conduct the UMT recommends that Whitford be restarted on his current level.

Reco	mmendation of Reviewer:		
	Progress to Level 2		Progression to General Population
	Progress to Level 3	\boxtimes	Remain at current level restarting level 1.
	Regress to previous level (po	or behavior, not participating	in programming) Click or tap here to enter text.
Name	e or Reviewer: ST: Peoples	Title: Security tech	
Date	: 3/6/2020	Signature:	

RECEIVED

MAR 06 2020

Classification & Placement Office

. ,	7			WED LOO A
٦	STATE OF MONT.	ANA DEPARTMEN	T OF CORRÉCTIONS	RECEIVED 18 2000 FEB 18 2000 DISCIPLINARY
ř	MSP ⊠ MWP 🗆	CONTRACT FACIL	ITY:	EEB LOLINAR
·}		WACTION THE CITY	/ NOTICE OF HEARING	3 SCIP
		and staff signatures on this for MI	m must be legible) NOR [Q ²
7	11.710		4 T	. 0.1 a=.17
Inmate Name:	Last name		First Name	D# 30 594/
Date: 2-11-3	, m: 10	D1 07 11	1 11 1	
Room/Cell:	Housing Unit:	HUZ Job A	Assignment: 9999	
intraction Number(s	s) & Name(s) 4111 A	-55cutt WIH	Assignment: 9999	<u>Substance</u>
				
Staff Witness: 1.	Bellusci	Other Inn	nates involved 1.	
2			2.	
Description of Viola	ation: (who, what, why, who	ere. when and how): {	The Alexander	data and
approxinate	2 time while	- Cleaning L	in a flood on	Low- C Block
I-mate W	hitford #301594	1 Shot on 1	Mknows Schotza	se through the
	his docard	couched iny a	m *	· · · · · · · · · · · · · · · · · · ·
				·
				
REPORTING STAF	F MEMBER: Wal	ter HII	151t	HH
Supervisor Review:		(Print Name)		gr Nerge)
supervisor review.	- All:	(Print Name)	. (S	gn Nave)
	☐ Pre-Hearing Confinemen		Previous Status	Other
Reason:	•	ody PHC		· · · · · · · · · · · · · · · · · · ·
I have reviewed this report for etc.)	or legibility, completeness, correctness	of charge, and to ensure all ne	cessary information is attached (evid	ence, incident/witness reports,
Shift Supervisor	's Signature)	2/11/200 /	Warden of Designee Signal	<u> 3/13/39</u>
	NOTICE OF	HEARING/PREHEARI	NG ACTION	ture) (Date)
1. Hearing Date: 2 /	s notice and have been informed of my	hrs. Place: PHC/	-	
2. I understand the charge 3. I waive my right to a he	aring? Tyes TNo (if yes have inm	ate sign an Agreement/Waiver/	Refusal form)	
Present evidence and w Other pertinent notation	itnesses on my behalf Yes No	if inmate has witnesses, have hi	im/her complete a Witness Request f	orm
I understand, if found	guilty, I will be subject to im	position of the sanction	s as outlined in the institution	onal inmate
uisciplinary operation witnesses and witness	al procedure, Lalso understa	nd that by <u>refusing to s</u> in appeal!	ign I am waiving my hearin	g, my right to
mitte	Staff Signature)	2-11-20202		1 S-911
4100	Stati digitatire)	(Date & Time)	(Inmate's S	ignature / ID#) /

MSP 3.4.1, Institutional Discipline

		7		B4
STATE OF WONTA MSP MWP DISCIPLINARY INFR (Information an MAJO Inmate Name:	NA DEPARTMEN	T OF CORRECT	TONG ALE) , "
' MSP ✓ MWP □	CONTRACT FACI	TTV	ICINS ECEIN	a <i>NN</i>
DISCIPLINADV INFO	CONTRACT FACI	/NOTICE OF UE	ADDIC 489	MARI
(Information or	nd staff signatures on this for	m must be legible)	WITH CER	TPLIL
MAJO	OR M	NOR [015	Thringh,
• •	_	_	V	
Inmate Name: White Last name			ID# _	3015941
Last name		First Name		
Date: <u>02/1/2020</u> Time: <u>1360</u> Room/Cell: <u>463</u> Housing Unit: <u>R</u>	Place of Incident:	C Block	RHU	
Infraction Number(s) & Name(s)	<u>Ηυ</u> Job.	Assignment:	9999	1
Infraction Number(s) & Name(s)	4 411			<u> </u>
				
				
			<u> </u>	
Staff Witness: 1. walked 4://	Other In:	mates involved 1	Bobbie	Leuha
Staff Witness: 1. 2. There's Years		2		
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Description of Violation: (who, what, why, wher				
and time . While	moffices	UPA	6/000	CAUSON
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REPORTING STAFF MEMBER:	Delluse,		Lagra Sil	
Supervisor Review:	Bellosci (Print Name) Francon		(Sign Name)	
Spec	(Print Name)		(Sign Name)	5
Inmate Status:	Release to	Previous Status	Other	
Reason: Alexado				
Thouse provious of this case of Co. 1 - it like				
I have reviewed this report for legibility, completeness, correctness o etc.)	t charge, and to ensure all n	ecessary information is alta	ched (evidence, inciden	,
551 B. Mill-	2/11/2020 X	J. Golfry		<u> 2/12/20</u>
(Shift Supervisor's Signature)	(Date) IEARING/PREHEAR)	(Warden or Desig	mee Signature)	' (Date)
I have received a copy of this notice and have been informed of my r	ight to attend and present ev	idence at a hearing.		. 1
1. Hearing Date: 2 / 4 / 2020 Time: And 2. I understand the charge(s)? Yes \[\] No (if no, verbally ex	hrs. Place:	40	-	
3. I waive my right to a hearing? Tyes No (if yes, have inmat	e sign an Agreement/Waive	r/Refusal form)		
 Present evidence and witnesses on my behalf ☐ Yes ☐ No If Other pertinent notations: 	inmate has witnesses, have I	nim/her complete a Witness	Request form	
· · · · · · · · · · · · · · · · · · ·				
I understand, if found guilty, I will be subject to imp disciplinary operational procedure. I also understan	osition of the sanctio	ns as outlined in the	institutional inma	te
witnesses and witness statements, and my right to ar	a macoy retusing to	oign ram wanving m	y nearmy, my rigi	
natifile	1-11-22020 21	mz /Tetc	1Se to	219/1
(Staff Signature)	(Date & Time)	(Inmate's Signature / ID	#)
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MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MINOR Inmate's Name: aped # 3015941 Date: 2.18.2020 Infraction Number(s) & Name(s) I DO UNDERSTAND THE VIOLATION Continuance granted to Date: By: Reason: Plea: Guilty Not Guilty **Inmate's Statement: Evidence Provided:** ☐ Not Guilty of # Findings: Evidence Relied On: Grid Level to Uses For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Reason(s) for findings: ADMINISTRATIVE REVIEW / DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). ☐ I DO NOT WISH TO APPEAL Inmate's Signature / ID#: Parole Board-Majors only (Yellow) Copies to: Records (White) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

Effective January 17, 2017

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORR MSP MWP Contract Facility:	ECTIONS
Instructions: Document why one, two, or all three of the following apply and	ofine
1. There was no evidence or documentation to support the decision.	
2. Required disciplinary procedures were not followed. You guys ats by not allowing me to prepare a de of Policy 3 Procedures and law library accessories and law library accessories.	
Inmate Signature Date 3/14/302	٥
WARDEN OR DESIGNEES RESPONSE Warden or designee:	
Is there sufficient evidence and documentation to support the finding?	YES NO NO
Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)?	YES NO NO NO NO
	TESTS NO.
Decision:	
 ▶ Affirm. I uphold the decision of the DHO and the sanction(s) imposed □ Dismiss. I disagree with the actions of the DHO and dismiss the infraction. 	
Modify. I uphold the decision of the DHO, but the sanction(s) imposed	
reduced sanction or level to:	
suspended sanction(s) for:	
Written justification for the action taken above: The DHO's du while in DHC status access to Law Le While on Tablet restriction of you can see distance for any you need. Warden or Designee Signature	ecisia is expet. is nestridor l'a l'ite to the Date
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MSP	OF MONTANA DEPARTMENT OF C	
		CORRECTIONS
	$lacktriangle$ MWP \Box Contract Facility: $_$	
	NARY INFRACTION REPORT / NOTI	CE OF HEARING
210011 331	(Information and staff signatures on this form must be	
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21	manon M	
Inmate Name:	2.01.100.1.H.M h.m.	100 100 # CO 201
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Date: 7-20 Times		
Room/Cell: Housing		ent. I la Ol Lian od
Infraction Number(s) & Name(s)	10 1 10 13 C	Misson dating 1 220
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CA-CTWIH 1	Other Transfer to	volved 1. Castar line Laind
Staff Witness: 1.	Other Inmates in	_
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Description of Violation: (who, wha		The filled distilled
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- 3		Alton and
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REPORTING STAFF MEMBER:	huster Joins 1	levalio - illes
REFORTETO BITAT WEINER.	(Print Name)	(Sign Name)
	(Print Name)	(Sign Name)
Supervisor Review:	(Print Name)	(Sign Name)
Supervisor Review:	` /	(Sign Name)
Supervisor Review: Inmate Status: Pre-Hearing	` /	(Sign Name)
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Supervisor Review: Inmate Status:	Confinement Release to Previous eness, correctness of charge, and to ensure all necessary in (Date) (Date)	(Sign Name) Is Status
Supervisor Review: Inmate Status:	Confinement Release to Previous eness, correctness of charge, and to ensure all necessary in (Date) NOTICE OF HEARING/PREHEARING ACT in informed of my right to attend and present evidence at a Time: hrs. Place:	(Sign Name) Is Status
Supervisor Review: Inmate Status:	Confinement Release to Previous eness, correctness of charge, and to ensure all necessary in (Date) NOTICE OF HEARING/PREHEARING ACT on informed of my right to attend and present evidence at a Time: hrs. Place: Fig. (if no, verbally explain the charge(s) to the inmate).	(Sign Name) Is Status
Inmate Status: Pre-Hearing Reason: I have reviewed this report for legibility, complete etc.) (Shift Supervisor's Signature) I have received a copy of this notice and have been 1. Hearing Date: 2. I understand the charge(s)? Yes No. 3. I waive my right to a hearing? Yes No.	Confinement Release to Previous eness, correctness of charge, and to ensure all necessary in (Date) (Date) (Oate)	(Sign Name) Is Status
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Inmate Status: Pre-Hearing Reason: I have reviewed this report for legibility, complete etc.) I have received a copy of this notice and have been 1. Hearing Date: Signature I hearing Date: Yes No 3. I waive my right to a hearing? Yes No 4. Present evidence and witnesses on my behalf 5. Other pertinent notations: I understand, if found guilty, I will be	eness, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests. 136 70 70 Date	(Sign Name) as Status
Inmate Status: Pre-Hearing Reason: I have reviewed this report for legibility, complete etc.) I have received a copy of this notice and have been 1. Hearing Date: Signature I hearing Date: Signature I understand the charge(s)? Yes No 4. Present evidence and witnesses on my benalf 5. Other pertinent notations: I understand, if found guilty, I will be disciplinary operational procedure.	eness, correctness of charge, and to ensure all necessary in (Date) NOTICE OF HEARING/PREHEARING ACT in informed of my right to attend and present evidence at a Time: hrs. Place: of if no, verbally explain the charge(s) to the inmate). of yes, have inmate sign an Agreement/Waiver/Refusal for Myes No If inmate has witnesses, have him/her cores No If inmate has witnesses, have him/her cores Subject to imposition of the sanctions as out also understand that by refusing to sign Fan	(Sign Name) Is Status
Inmate Status: Pre-Hearing Reason: I have reviewed this report for legibility, complete etc.) I have received a copy of this notice and have been 1. Hearing Date: Signature I hearing Date: Yes No 3. I waive my right to a hearing? Yes No 4. Present evidence and witnesses on my behalf 5. Other pertinent notations: I understand, if found guilty, I will be	eness, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests. 1/2/2/2/2/(Date)	(Sign Name) Is Status
Inmate Status:	eness, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests. NOTICE OF HEARING/PREHEARING ACT	(Sign Name) as Status
Inmate Status: Pre-Hearing Reason: I have reviewed this report for legibility, complete etc.) I have received a copy of this notice and have been 1. Hearing Date: Signature I hearing Date: Signature I understand the charge(s)? Yes No 4. Present evidence and witnesses on my behalf 5. Other pertinent notations: I understand, if found guilty, I will be disciplinary operational procedure. Witnesses and witness statements, and	eness, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests. 1/2/2/2/2/(Date)	(Sign Name) Is Status
Inmate Status:	eness, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests, correctness of charge, and to ensure all necessary interests. NOTICE OF HEARING/PREHEARING ACT	(Sign Name) as Status

MSP 3.4.1, Institutional Discipline

5AUW0900

STATE OF MONTANA DEPARTMENT OF COKKECTIONS MSP MWP CONTRACT FACILITY:

DISCIPLINARY HEARING DECISION

MAJOR ☑ MINOR □
Inmate's Name: What ford Makullyapec ID#3015941 Date: 02-06-20 Infraction Number(s) & Name(s)(4228) - Fallung to obey policy 3.33 4213 Reluding a complete of the violation of the violation of the violation addition taken to the violation addition addition to the violation addition addi
Plea: Guilty Not Guilty Other: Inmate's Statement: The 1St amendment states we have the right of freedom of speech. Some people need help from people use me. Rule + access to Policy Violation on behalf of state.
Evidence Provided: Infraction Report/Evidence (Policy's)
Findings: \(\Delta \text{Guilty of # 4228 + 4213} \text{Not Guilty of #} \\ Evidence Relied On: \(\text{Infraction Report / Evidence (Policy's)} \)
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Roll to UMT
Reason(s) for findings: to comply with his grievance restriction. The comply with his grievance restriction.
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#: Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
Tarole Dourd-Majors only (Tenow) Housing Ont (Tink) minde (Oblidenou)

Attachment C

MSP 3.4.1, Institutional Discipline

		CANA DEPARTMENT OF CORRE	CTIONS	FEB 1 0 2020 DISCIPLINARY
	Ī	Disciplinary Appeal (major infractions only)		DISCIPL
Inmate's Name: White Date: 02/06/20 Infractions: Document wh	tlord r tida(s): 421 on: R1 ny one, two,	Nakuelyapee ID# 3-Refusing a direct order en to Unit all three of the following apply and s	301594 (4228) F	Laiture to poli 3.3.3 de DHO or DHI.
1. There was no evidence or	documentati	on to support the decision. Police	1 5646	Sulomit.
ever submitte	ed a	griedance For an	sunto 1	worded
rote a pobles		ace for someone, p		s unconstit
onal on its f	ace	and as applied.	1 can	hulp people.
2. Required disciplinary pro	ocedures were	e not followed. I was up	rable	to preso
defense bec	anse	I could not acc	155 +L	re polica
-Tor to my	hearn	in order to s	escaro	h this
aftaction.		1		
3. The sanction(s) is excessi			ellow p	Moner . Th
no alternati	ve fo	- reople who ar	e not	Adko 1 kus
re law and	now	to apply it and	word;	+, someth
thers need hel	1 with	no It is protected	cond	inst
1 1 - () cat	2161002		
Ihmate Sig	enature	2/6/2620 Date	4	
//				
Warden or designee:	WARI	DEN OR DESIGNEES RESPONSE		
Is there sufficient evidence a	and document	tation to support the finding?	YES	NO □
		cable disciplinary procedures?	YES	
Is the sanction(s) imposed pr			YES	
is the statetion(s) imposed pr	oportionate t	o the rule violation(s):	113	
Decision:				
Affirm. I uphold the o	decision of th	e DHO and the sanction(s) imposed.		4
		s of the DHO and dismiss the infraction	on.	
		ne DHO, but the sanction(s) imposed of		evel shall be:
reduced sanction or				
suspended sanction	n(s) for:		.,	
				2. 5.
Written justification for the	e action take	en above: The DHD's de	2000	1. Correct
you are not a	allowed	to assit other in	mates	unless
you are an A	DA aid	1. for no purticular	Inne	ta
J				
	_	Warden or Designee Signature		21/2020
		Of arter of Designee Signature		Date
	Parole Board-	Majors only (Yellow) Housing Unit ((Pink) Inma	ate (Goldenrod)
Revised: December 2014				
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			MJ MJ			
Inmate Name:	Whitfo	-1	\mathcal{M}_{\bullet}	Kueeyapee First Name	m ii 🙍	
miliate Name.	Last nam	<u>ca</u>		<u>nueeyapee</u>	w# _ <i>36/</i>	5941
Date: 1 Oc. Oc	Last Halli Time:		lace of Incident	rirst Name	110.	
Room/Cell: 10	Housing	Hinit: (C) LL	lace of incident:	Montana 5: Assignment: Unas State Propert	tate Triso	<u>~</u>
Infraction Number(s	Name(s)	11010	7 /	Assignment. Dags:	signed	
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Staff Witness: 1	4 Time		Other Inn	nates involved 1.		
Staff Witness: 1. 2.	odust.			2		
<i>-</i>	*		 .	2.		
Description of Viola	tion: (who, whe	it. why swhere	when and how).	Outheabove	1-1-1	/. .
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MSP 3.4.1, Institutional Discipline



STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:	
Agreement / Waiver / Refusal Form	
Major/Minor Inmate Disciplinary Infractions	
-	to Attend Hearing 🗌
Inmate Name: Whitford Makuleyapee ID#: 3	3015941
Date: 01 /30 /2020 Time: 1230 Housing Unit: RHL	<u> </u>
Infraction Number(s) and Description: 4210-Destroying state proper	'
Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence guilty on the violation(s) listed above.	
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (5]) (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current Sanctions: Rosty tuttum Mattress \$118 + Pillow \$21 T	t & prior guilty decisions).
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for above, and waive my right to a hearing and appeal.	or the infraction(s) listed
Inmate Signature: Offender did agreement on infraction Date:	01 /30 /39
☐ Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal.	
Inmate Signature: Date:	1 1
☐ Refusal to Attend Disciplinary Hearing:	
I told Inmatethat it was time for his/her hearing. (S)he rej (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/decl.	
Inmate Signature: Date:	
Officer/Witness Signature:	Date: / /
Disciplinary Hearing Officer/Unit Disciplinary Team	Date: 10 130/3 ()

Revised: Oct 2012

Administrative Review Signature:

Copies to: Records (White)

Housing Unit (Pink)

Inmate (Goldenrod)

Parole Board-Majors (Yellow)







Statement of Incident

Title: shift change RHU	Statement #: 38165
Incident Date: 01/29/2020 Incident Time: 10:30 PM	Statement Date: 01/30/2020
Jurisdiction: Montana State Prison	
Incident Scene	
Incident Occurred at Facility? Yes	
Location: Montana State Prison/Maximum Security/Restrictive Housing	ng/LOWER/2/RHU C Block Lower 2
Summary of Incident	
On the above date and time I CO Samuel Just and CO Levi Turner star housing, on lower C block I found IM Makueeyapee, Whitford ao# 3015 water from a earlier flood his mattress was also torn to pieces. Whitford condition since flooding sometime earlier on second shift. We contacted and wrote him up for destruction of prison property.EOR	941 in lower C 2 standing in an inch of stated that his cell had been in that
Involved Persons	· · · · · · · · · · · · · · · · · · ·
Category Person Narrative Staff Tumer, Levi	
Source and Documentation Anonymous Informant: No	<u> </u>
Information Source: Staff - Just, Samuel	
	le: Correctional Officer
	1 24 - 2000
	te: 1 - 30 - 2020
Notes	
No Notes are associated with this Incident Statement	
NOTE: Supervisors must review all reports for accuracy befo	re signing off
Supervisor Review and Remarks: Reviewed + Pro	· · · · · ·
appring the treatment 15015050 45 115	0085580
	·
Supervisor Name: MMAThow Titl	e: <u>C</u> T
Signature: CT- ///-C uff Dat	te: /·29·2020
Routing List (Place an X next to those this report will be distr	
Helena Office Security Major	Medical
MSP Duty Officer Unit Manager	Maintenance
Warden or Designee Command Post	Investigator's Office
Deputy Warden Inmate Records File	MCE
Associate Warden Inmate Unit File	Safety Committee
Other	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 1

	7° %		•	
- 	_ STATE OF MON	ANA DEPARTMENT OF	CORRECTIONS	- BY
T i	MSP MWP	CONTRACT FACILITY:_	CORRECTIONS CORRE	-10
- 154 	DISCIPLINARY INI (Information	SRACTION REPORT / NOT on and staff signatures on this form must b	TICE OF HEARING ECEIVE (1988)	2000
-	MA	JOR 🗓 MINOR	D JAN	PLINAR,
Inmate Name:	Whitford 1	Makueeyapee First?	H# 3	2012 PLINARY 2015941
Date: 1/21/20		Place of Incident: 5A	value 15	
Room/Cell: L/-	4 Housing Unit:	$\langle A/\lambda \rangle$ Job Assign	ment: Unassimhed 9999	7
Infraction Number(s) & Name(s) <u>4 (οδ.΄ Ψία</u> :	nama a tempting encoun	aging or conspiring with a	<u>Meis to</u>
	4235: Th	reaten my any other per	son to include steeth	
Staff Witness: 1		Other Inmates i	nvolved 1.	
2			2	.
Description of Viol		here, when and how): 🔼		Line I
SSG SEGUNIA,	1 ' 1	officers who were	. 1 10 11.	Low
the greavance	e White and wo	Clammy he was go	your time Her the res	ers to help
him Stab Sta	ff take hosterges, o		He While he was	in the
restrant char	and attempting	to buck out I we	e was escented to	the Sitel
cell in RHC	I. FOR.	THEORY DAILS HE	e was established to	THE SALTERY
			<u> </u>	
	Λ.			
REPORTING STA	FF MEMBER:	Dong Name)	Segona (Sign Name)	
Supervisor Review				
Inmate Status:	☑ Pre-Hearing Confinement	(Print Name) ent ☐ Release to Previ	(Sign Name) ous Status □ Other	
	to security	cit	ous status other	
I have reviewed this report	1	ness of charge, and to ensure all necessary	information is attached (evidence, incident	witness reports,
etc.)	an	1/21/2020 1/1	Al TUBERS	20 EC/ 12/2
(Shift Supervise		(Date) OF HEARING/PREHEARING AG	Warden or Designee Signature)	(Date)
I have received a copy of the	his notice and have been informed of 124 17020 Time: An	my right to attend and present evidence at		
2. I understand the charg	ge(s)? Yes No (if no, verbal	ly explain the charge(s) to the inmate). inmate sign an Agreement/Waiver/Refusa	l form)	
Present evidence and Other pertinent notati	witnesses on my behalf: Yes 🔀 N	lo If inmate has witnesses, have him/her	complete a Witness Request form	
•		imposition of the sanctions as o	utlined in the institutional inmat	
disciplinary operation	onal procedure. Lalso under ss statements, and my right t	stand that by refusing to sign I	am waiving my hearing, my righ	to
To BiBruh	<u> </u>	1/22/2020 0550	Unable to San while	le in
	(Staff Signature)	/ (Date & Time)	SM = 2 (Analys Signature / ID#	}
		2	It l'auxon	5
			/ /	

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR ✓ MINOR □
Inmate's Name: Whatford Makueeyapee ID# 3015941 Date: 1/20/20
Infraction Number(s) & Name(s) 4108 Planting Attempting Engaging 4235 Threatening
Infraction Number(s) & Name(s) 4108 Planning Attempting Encouraging 4235 Threatening □ I DO UNDERSTAND THE VIOLATION □ I DO NOT UNDERSTAND THE VIOLATION—ADDITIONAL ACTION TAKEN
Continuance granted to Date: 1 / 27 / 20 By: Sqr. Hart
Reason: Other hearings officer needed, SMP
Plea: Guilty Not Guilty Other:
other Staff like fuck this ", I "hate this shat," AT wow Time
other staff like fuck this", I have this shot, "AT ween Time
DID T Threatening suyone. I was soft vouting. I didn't say suything about stabbing or killing. If suything It's insolence. Only after I was taken to ground pid I threaten to
SAY AUYTHING About Stabbing OR KIlling. If Avything It's
insolence. Only Afrex I was Taken to ground pid I threaten to
STAD AND FUCK THEIR WIVES.
Evidence Provided: Tucident Report
Findings: Guilty of # 4108, 4235 Not Guilty of # Evidence Relied On: Two dear Report For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Sdays Det 4108, 4235 Aggragated
Reason(s) for findings: Deporpties Safety & security
2/3/2020 Shanell
ADVINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL INDUCTOR OF CONTROL OF C
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Effective January 17, 2017

MSP 3.4.1, Institutional Discipline

Attachment C

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 194 of 527

Pa - 2 of 4

2. Required disciplinary procedures were not followed. (continued from payloand social and second attempt to contact the law library via osa and attempt to contact they tall we it costs to somethe copies when do not request copies are when 3. The sanction(s) is excessive. (continued from payloand to stop corrupt procedures in the copies and to stop corrupt procedures in the copies are when 3. The sanction(s) is excessive. (continued from payloand to stop copies and to stop copies. Warden or designee: Warden or designee: Is there substantial compliance with applicable disciplinary procedures? Warden or designee: States substantial compliance with applicable disciplinary procedures? Was NO Decision: Affirm. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction. Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be: reduced sanction or level to: suspended sanction for the action taken above: The DHO's decision is supported and successful actions. Wirtten justification for the action taken above: The DHO's decision is supported and successful actions. Warden or Designee Signature 2 / 5/28 Date					TI /mm
Innate's Name: Whiteleast M ID# 30159 41 Innate's Name: Whiteleast M ID# 30159 41 Innate's Name: Whiteleast M ID# 30159 41 Date: 1 /28 / 20 Infraction(s): 4108 / 4235 Disciplinary Hearing Decision: Sdays per 4128; 4235 Aggregated Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI. 1. There was no evidence or documentation to support the decision. Continued From Ag 1) Documentation of the Action of the DHO or DHI. 2. Required disciplinary procedures were not followed. (Continued From Ag 1) East of the Action of the DHO and dismiss the infraction. Decision: Action of the Action of the DHO and the sanction(s) imposed or infraction level shall be: Indicate of the Action of the DHO and dismiss the infraction. Modify. I uphold the decision of the DHO and dismiss the infraction. Modify. I uphold the decision of the DHO and dismiss the infraction. Modify. I uphold the decision of the DHO and dismiss the infraction. Modify. I uphold the decision of the DHO and dismiss the infraction level shall be: Is supposed anaction(s) for: Written justification for the action taken above: The DHO's decision Infraction level shall be: Infraction Inf		MSP MWP CONTRACT FACILITY:_			
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Warden or Designee Signature 2 / 5 / 2 ô Date	riduce su	ports decision			
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Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrott)		U	- Anna San		
Conjugate: Personal (WIL's) Pro I Pr					
	to a Decree				
Revised: December 2014					(MIII)

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7 î	STATE OF MONT MSP MWP DISCIPLINARY INF (Information MAX	CONTRACT F	ACILITY:	SETVED	
:	DISCIPLINARY INF	RACTION REPO	ORT / NOTICE O	FHEARINGCEIVED	105 11
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Inmate Name:	Whitt ford	Ma	Kueeyap	FHEARINGCEIVE JAN 22 DISCIPL DID#_	3015941
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to take u	s hostage	Once 7	the vestor	ant chair	Showed
up, we we	re applying	the restri	acits on t	ne chair to	Upittond.
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REPORTING STAFF	MEMBER: <u>V. K.e.s</u>	(Print Name)	<u> </u>	(Sign Name)	
Supervisor Review:		(1 mil 1 dino)		(Dign Nume)	
_	•	(Print Name)		(Sign Name)	
Inmate Status:	Pre-Hearing Confineme	nt 🗌 Relea	se to Previous Statu	us 🗌 Other	
Reason:					
_	egibility, completeness, correctne	ss of charge, and to ensu	re all necessary information	n is attached (evidence, incident	/witness reports,
I have reviewed this report for I etc.)	egibility, completeness, correctne		m [/] []		witness reports,
oto)	Signature)	(Date)	my (Warden o		- '∧' -
/(Shift Supervisor's S	Signature) NOTICE O	(Date) F HEARING/PREH	(Warden of Carrier Action	- FUBER	Tr 1 20
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MSP 3.4.1, Institutional Discipline

STATE OF MUNTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MAJOR 🗸 MINOR ID# 3515941 Date: Inmate's Name: Infraction Number(s) & Name(s) ☐ I DO UNDERSTAND THE VIOLATION ■ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN Continuance granted to Date: New hearings officer Plea: Guilty **Inmate's Statement:** at was after I was assaulted UP KNEED ON The GROWN I **Evidence Provided:** INFRACTION REPORT Guilty of # ☐ Not Guilty of # Findings: **Evidence Relied On:** LyfRACTION REPORT For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 5] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 5 days DET Reason(s) for findings: Depotoszes Safety & Security DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM ADMINISTRATIVE REVIEW / DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). ☐ I DO NOT WISH TO APPEAL Inmate's Signature / ID#: Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

EXHIBIT D

Effective January 17, 2017

MSP 3.4.1, Institutional Discipline

Attachment C

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 197 of 527

			199	1 3 df	
	STATE OF MONT	ANA DEPARTMENT OF (CORRECTIO	ONS	D
	MSP MWP	CONTRACT FACILITY:			
	T	Disainlinany Anneal		JAN 3 0	
	Ī	(major infractions only)		DISCIPLI	VARY
Disciplinary He	/ 20 Infraction(s): 4 earing Decision: 5	M 238 Threwening Lays pet rall three of the following ap		it it to the DHO	O or DHI.
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rana Cod 2. Required dis	this staff exc Annotated & sciplinary procedures were	and I demand conduct which or mistreat men not followed. Contin	is a	NETER 10 TO	nude
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. The sanction	i(s) is excessive. (con)	Thed from pg ?	NThe	condon	ing
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Statement of Incident

Title: Witford U	se of force			Statement #:	3782
Incident Date:	01/21/2020	Incident Time:	10:30 AM	Statement Date:	
Jurisdiction: M	lontana State Pri	son ·		(
ncident Scene) 		• 4		
Incident Occurr	red at Facility?	Yes .			
Location: Mont	tana State`Prison	/Maximum Security/C	On the side walk going	g to RHU	٠.,
Summary of In	cident	4		•	•

On the above date and approximate time I IPS Josephson while transporting inmate Witford to RHU from the infirmary in the restraint chair pushed by IPS Reistad inmate witford began to rock violently from left to right. IPS Riestad then stopped so the straps could be tightened around his waist. While tightening the straps Inmate Witford thrust his hip out to resist the straps being tightened around his hips. IPS then pushed his hips down to tighten the belts during which he attempted to headbutt Staff Sergeant Segovia also my hand came close to his hand he then took that opportunity to pinch my right hand. I was able to pull my hand away once he was secured. Inmate Witford was then transported to RHU where he was placed in the isolation cell to calm down. After given time to calm down IPS transferred inmate Witford from the restraint chair to the isolation cell during which inmate Witford tried to pull his arm away and was unsuccessful. IPS was able to placed him in the isolation cell with a restraint retainer, cut away his clothes and was able to remove the cuffs from him. EOR

Involved Persons

Category	Person	Narrative	4.	· · · · · · · · · · · · · · · · · · ·	•
Staff	Reistad, Dakotah				. п
Staff	Segovia, Danel				
Staff	Burnett Paul			· · · · · · · · · · · · · · · · · · ·	
Staff	Chaney Donald:				
Staff	Neighbor, Nickolas				
Staff	Posima, Joshua		A.		
Staff	Stoub Michala				
Offender	Whitford, Makueeyapee -				
Source and	Documentation				
Anonymous	Informant: No				
Information	Source: Staff - Josephson, David				,
Reporting S	taff: Josephson, David		Title: Correctio	nal Officer	
Signature	2000 pm		Date: 1/21	/20	· .
Notes			•		
No Notes are	e associated with this Incident Statem	ent [.]		,	an .
NOTE: Sup	ervisors must review all reports	for accurac	y before signing	off	,
Supervisor	Review and Remarks:			• • • • • • • • • • • • • • • • • • •	
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			•		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Witford Use of force	-		Statement #	: 37821
Incident Date: 01/21/2020	Incident Time:	10:30 AM	Statement Date	: 01/21/2020
Jurisdiction: Montana State Pris	son j			
				7
			.,	
Supervisor Name:	n Famiceso	Title:	1 centered	
Signature:		Date:	1-21-2020	5
Routing List (Place an X next	to those this repo	rt will be distribut	ed to):	,
Helena Office	Secu	inty Major	Medical	,
MSP Duty Officer	Unit	Manager	Mainten	ance
Warden or Designee	Com	mand Post	Investiga	ator's Office
Deputy Warden	Inma	te Records File	MCE	
Associate Warden	Inma	te Unit File	Safety C	ommittee
Other		•	. — , , ,	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report:



Statement of Incident

Title: Use of Force

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37817

Incident Date:

01/21/2020 Incident Time:

09:30 AM

Statement Date: 01/21/2020

Statement #:

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/LOWER/Day Room

Summary of Incident

On the above date and time I IPS 7 Neighbor, and the first shift IPS team was asked to escort inmate Whitford in SAU to the SGT office. When we arrived to perform the escort we were told Whitford was kicking his door and acting aggressively. We then escorted inmate Whitford from his cell to the SGT. office to meet with Mark lochrie, it was during this time I/m Whitford began yelling at Lochrie. The meeting was end and we began escotting him back to his cell. During the escort he began pulling away from the team. He was placed on the ground to gain compliance. We then started to escorted him to a detention cell when he became more combative towards us. We then escorted him to cell LA4 and place him on his knees. Whitford made multiple threats while in the cell about killing us, and getting the natives to riot. The restraint chair was then brought up to cell LA4. He was then escorted from his knees to the chair Inmate whitford then attempted to head butt IPS officer Reistad. Whitford was then controlled until he was fully restrained in the chair. During this time inmate Whitford grabbed the inner part of my left thigh. Once in the chair he was escorted to the Infirmary where he was assessed by medical staff and the decision was made for safety and security of the institution that he would be medicated. Inmate Widford was very upset about this decision and attempted to resist against nursing staff who were administering the medication. Once he was cleared by medical, he was escorted to RHU. On the way to RHU inmate Widford attempted to thrust out of the chair. At that time the 1st shift IPS team rechecked the restraints and while attempting to re secure the waist strap inmate widford tried to head butt staff Sergeant segovia. He was then escorted two the safety management cell in RHU. Inmate whitford was placed in the restraint chair in the cell to give the medication time to take effect once inmate Whitford appeared calm the IPS team took him out of the restraint chair. While removing his right hand out of the restraint chair he tried to pull it out of the team¿s control. The cuff was placed on inmate whitford's right hand a staff forced his right hand to his back he then complied. He was removed out of the restraint chair and placed face down on the mattress in front of the cell inmate whitfords clothing was removed with scissors and the team left the cell without any more incident. Inmate widford was then instructed to come to the slot to be unrestrained which he complied; and the restraints were removed without incident. EOR

Involved Persons

Category	Person	Narrative		
Offender	Whitford, Makueeyapee -	inmate involved	• • •	,
	3015941			

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Lochrie, Mark
Reporting Staff: Neighbor, Nickolas

Title: Correctional Officer

Signature: Nickolas Neigho

Date: 1-21-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Use of Force	•	•	, 8	tatement #:	37817
Incident Date: 01/21/2020 Inc	ident Time: 09:30 AM	; .	State	ement Date:	01/21/2020
Jurisdiction: Montana State Prison	<i>,</i> • •			e	
				•	
Supervisor Review and Remarks:	Leviened				
. * * *	· · · · · · · · · · · · · · · · · · ·			-	
Supervisor Name:	, , , , , , , , , , , , , , , , , ,	Title:	· 		
Signature: 559 BM, ML	· · · · · · · · · · · · · · · · · · ·	Date:	1-21-	2020	·
Routing List (Place an X next to the	se this report will be d	istribu	ted to):		
Helena Office	Security Major			Medical	
MSP Duty Officer	Unit Manager		· <u> </u>	Maintena	nce
Warden or Designee	Command Post		·	Investigat	or's Office
Deputy Warden	Inmate Records F	File		_ MCE	
Associate Warden	Inmate Unit File			Safety Co	mmittee .
Other					

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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• STATE (16 M	ONTANA DEPARTMENT OF CORRECTIONS WP CONTRACT FACILITY: INFRACTION REPORT / NOTICE OF HEARING Ormation and staff signotures on this form must be legible) MAJOR MINOR MAKY DISCIPLINARY DISCIPLINARY DISCIPLINARY DISCIPLINARY MAKY MAKY DISCIPLINARY DISCIPLINARY DISCIPLINARY DISCIPLINARY MAKY MAKY MAKY DISCIPLINARY DISCIPLINARY MAKY MA
MSP V M	WP CONTRACT FACILITY:
DISCIPLINARY	INFRACTION REPORT / NOTICE OF HEARING. 22 1010
(Info	ormation and staff signotures on this form must be legible) JAN B
1	TINFRACTION REPORT / NOTICE OF HEARING Ormation and staff signotures on this form must be legible) MAJOR MINOR DISCIPLINARY DISCIPLINARY
Inmate Name: Whit ford	M Akv D1 301594]
Last name	First Name
Date: 1/2//2020 - Time: 20	SO Place of Incident: SAU LEZ SAU Job Assignment: 8- Making, possessing or using intoxicants.
Room/Cell: LF2 Housing Unit	Job Assignment:
Infraction Number(s) & Name(s) <u>V2</u>	8- Making possessing or using intoxicants.
	
Staff Witness: 1.	Other Inmates involved 1.
2	
Description of Violation: (who, what wh	ry, where, when and how): on the above date and time
while rolling up Inmate	whitford's #3015941 property I Clo Malterison
found a tubberware cont	whitford's #3015941 property I Co Ma/zerison winer of Pruno under nearly whitfords desk.
	·
	1
REPORTING STAFF MEMBER: Tri	Stan Magerisan Tish (Sign Name)
Supervisor Review:	(Print Name) (Sign Name)
Bupervisor Review.	(Print Name) (Sign Name)
Inmate Status:	inement Release to Previous Status Other
Reason: Almady PHC	on RHU
I have reviewed this report for legibility, completeness, of	correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports,
etc.) #4 553/	i 12112000
(SIAIT Supervisor Signature)	/ /21/2020 / / (Date) (Warden or Designee Signature) (Date)
NoT	TICE OF HEARING/PREHEARING ACTION Geological to attend and prescriptory of a hearing.
1. Hearing Date: 120/20/Time;	Place:
2. I understand the charge(s)? ☐ Yes ☐ No (if no, 3. I waive my right to a hearing? ☐ Yes ☐ No (if yes	verbally explain the charge(s) to the inmate). , have inmate sign an Agreement/Waiver/Refusal form)
 Present evidence and witnesses on my behalf Y Other pertinent notations: 	es No If inmate has witnesses, have him/her complete a Witness Request form
· · · · · · · · · · · · · · · · · · ·	ect to imposition of the sanctions as outlined in the institutional inmate
disciplinary operational procedure, I also i	inderstand that by refusing to sign I am waiving my hearing, my right to
witnesses and witness statements, and my r	ight to an appeal.
(Staff Signature)	(Date & Time) Dacement things and the to
$\overline{}$	
	Marcon)
Attachment B	MSP 3.4.1, Institutional Discipline Effective January 17, 2017

EXHIBIT D EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Manueyapee ID# 3015941 Date: 1/28/20
Infraction Number(s) & Name(s) 4218 Making Passessing Intaxicarus
☐ 1 DO NOT UNDERSTAND THE VIOLATION—ADDITIONAL ACTION TAKEN
Continuance granted to Date: 1 / 27 / 20 By: Hart
Reason:
Plea: Guilty Not Guilty Other:
Inmate's Statement: IT WAS NOT TESTED, IT WAS DUST DUICE.
ON the basis of "MAKING" INTOXICANTS I will plead quilty
<u> </u>
Evidence Browided:
Evidence Provided: TWGRACTION PEROT

Findings: Guilty of # 4218
Evidence Relied On: Infascrian Report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
Sanction(s): Refer to UMT
THE POLICY OF TH
Reason(s) for findings:
Possession of Primo Deporotes The SAFETY / Security of the
facility.
2/3/2120 March
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s)
Inmate's Signature / ID#: Whable to Segn
Inmate's Signature / ID#:

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

RHU	1
INMATE: Whitford, AO#: 3015941 LOCATION: & PHATE	<u>-</u>
Makueeyapee Not: Also, 1	
HEARING CONTINUATION NOTICE #1 was druge	J wes
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED (1	~~~
FOR 1/23 + 1/24 IS/ARE BEING CONTINUED UNTIL 1/28/202	<u> 20</u>
FOR THE FOLLOWING REASONS: <u>An ange for other</u> hearings officer	_
Juliung Species	-
Inmate Signature DATED 1:33-3000	2
Disciplinary 38 Kant DATED 1:38-2000)

·	
HEARING CONTINUATION NOTICE #2	r
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED	
FOR IS/ARE BEING CONTINUED UNTIL	
FOR THE FOLLOWING REASONS:	_
	-
· · · · · · · · · · · · · · · · · · ·	
Inmata Signatura	l l
Inmate SignatureDATED	
DisciplinaryDATED	
\cdot	

EXHIBIT D EXHIBIT D

Records (White)

Revised: Oct 2012

Inmate (Goldenrod)

INMATE: Whitford, M AC	D#: LOCATION: RHU
HEARING CONTIN	NUATION NOTICE #1
THIS FORM SERVES AS NOTIFICATION	THAT THE HEARING(S) SCHEDULED
FOR 1.27.2020 IS/ARE BE	
FOR THE FOLLOWING REASONS:	rovide in mate cupies
Inmate Signature A) 5 5	DATED_
()	
Disciplinary <u>Co. K. Clance</u>	<u>ckef</u> DATED 1.27.2020
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************* HEARING CONTIN	**************************************
************** HEARING CONTIN	**************************************
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Revised: Oct 2012 Records (White) Inmate (Goldenrod)

STATE OF MONTAN		1_
	IA DEPARTMENT OF CO	PRECTIONS E OF HEARING JAN 22 2020 TO ARY
MSP 🔀 MWP 🗌	CONTRACT FACILITY:	48140
DISCIPLINARY INFRA	CTION REPORT / NOTICE	E OF HEARING JAN 22 2020
(Information and	l staff signatures on this form must be legi	Legapee DISCIPLINARY DISCIPLINARY DISCIPLINARY DISCIPLINARY DISCIPLINARY DISCIPLINARY DISCIPLINARY
MAJO	R ☑ MINOR ☐	ISCIPLIA
Inmate Name: Whitford	aa a ka	DIST 301 5941
	Make First Nam	TEEACLE IN # 2012 1 11
Date: 1-21-20 Time: 0930 Room/Cell: 1E-2 Housing Unit: SAU Infraction Number(s) & Name(s) 4111 ASSO	Place of Incident: CAI	A-Hlock Dayloom
Room/Cell: / F-2 Housing Unit: CA	Job Assignmen	nt: 2011 P
Infraction Number(s) & Name(s) 4 111 A.S.	sulting any person	-0-1
Staff Witness: 1.	Other Inmates invo	lived 1.
2		2
Description of Violation: (who what why whom	when and how). And	sectore date and
Description of Violation: (who, what, why, where time I IPS 7 was helpin estraint chair when he	COSTON	whither in the
restraint chair was the pin	TIESCIAINE +/M	er loft thiah
Pinched, EOR	g1200cd 119 1111	a zer (crigit arta
MOTTERT FOR		
	•	·
REPORTING STAFF MEMBER:		n. neigh out
REPORTING STAFF MEMBER:	Nick Neighbor (Print Name)	N. Neigh 607 (Sign Name)
	Nick Neighbor (Print Name)	N. Neigh 607 (Sign Name)
Supervisor Review:	Nick Neighbor (Print Name)	(Sign Name)
Supervisor Review: Inmate Status:	Nick Neighbor (Print Name)	· - ·
Supervisor Review: Inmate Status:	Nick Neighbor (Print Name)	· - ·
Supervisor Review: Inmate Status: Pre-Hearing Confinement Réason:	(Print Name) Release to Previous	Status
Supervisor Review: Inmate Status:	(Print Name) (Print Name) Release to Previous	Status
Supervisor Review: Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness or etc.) E. M. L.	(Print Name) (Print Name) (Print Name) Release to Previous f charge, and to ensure all necessary infor	Status
Supervisor Review: Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness or etc.) (Shift Supervisor's Signature)	(Print Name) (Print Name) (Print Name) Release to Previous f charge, and to ensure all necessary fulfor 1212025 (Date)	Status Other mation is attached (evidence, incident/witness reports, arden or Designee Signature) (Date)
Supervisor Review: Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness of etc.) (Shift Supervisor's Signature) NOTICE OF H. I have received a copy of this notice and have been informed of my right of the confinement of the confin	(Print Name) (P	Status Other mation is attached (evidence, incident/witness reports, farden or Designee Signature) (Date)
Supervisor Review: Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness or etc.) (Shift Supervisor's Signature) NOTICE OF H I have received a copy of this notice and have been informed of my ri 1. Hearing Date: //24/2020 Time: Aury	(Print Name) (Print Name) (Print Name) Release to Previous f charge, and to ensure all necessary infor (Date) (EARING/PREHEARING ACTIO ght to attend and present evidence and he ars. Place:	Status Other mation is attached (evidence, incident/witness reports, farden or Designee Signature) (Date)
Supervisor Review: Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness of etc.) (Shift Supervisor's Signature) NOTICE OF H. I have received a copy of this notice and have been informed of my rime. And the charge(s)? Yes No (if no, verbelly exp. 3. I waive my right to a hearing? Yes No (if yes, have inmate).	(Print Name) (Print Name) (Print Name) Release to Previous f charge, and to ensure all necessary infor (Date) (EARING/PREHEARING ACTIO ght to attend and present evidence and he tirs. Place: Show to the inmate). e sign an Agreement/Waiver/Refusal form	Status Other mation is attached (evidence, incident/witness reports, arden or Designee Signature) (Date) Other (Date)
Supervisor Review: Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness of etc.) (Shift Supervisor's Signature) NOTICE OF H I have received a copy of this notice and have been informed of my rid. Hearing Date: 124/202 Time: August 1. Hearing Date: 124/202 Time: August 1. Junderstand the charge(s)? Yes No (if no, verbally exp. 3. I waive my right to a hearing? Yes No (if yes, have inmate 4. Present evidence and witnesses on my behalf; Yes No (if	(Print Name) (Print Name) (Print Name) Release to Previous f charge, and to ensure all necessary infor (Date) (EARING/PREHEARING ACTIO ght to attend and present evidence and he tirs. Place: Show to the inmate). e sign an Agreement/Waiver/Refusal form	Status Other mation is attached (evidence, incident/witness reports, arden or Designee Signature) (Date) Other (Date)
Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness of etc.) (Shift Supervisor's Signature) NOTICE OF H. I have received a copy of this notice and have been informed of my rimple of the complete of the	(Print Name) (Print Name) (Print Name) Release to Previous f charge, and to ensure all necessary infor (Date) (Date) (Wa (EARING/PREHEARING ACTIO ght to attend and present evidence as the place: Join the charge(s) to the immate). e sign an Agreement/Waiver/Refusal form inmate has witnesses, have him/her comp	Status Other mation is attached (evidence, incident/witness reports, arden or Designee Signature) (Date) ON particular of the state
Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness of etc.) (Shift Supervisor's Signature) NOTICE OF H. I have received a copy of this notice and have been informed of my rimple 1. Hearing Date: / 24 / 2020 Time: Aug. 2. I understand the charge(s)? Yes No (if no, verbuilty exp. 3. I waive my right to a hearing? Yes No (if yes, have inmate 4. Present evidence and witnesses on my behalf. Yes No If 5. Other pertinent notations: I understand, if found guilty, I will be subject to imp	(Print Name) (Print Name) (Print Name) Release to Previous f charge, and to ensure all necessary infor (Date) (Date) (Wa LEARING/PREHEARING ACTIO ght to attend and present evidence as the place: Join the charge(s) to the inmate). The sign an Agreement/Waiver/Refusal form inmate has witnesses, have him/her comp	Status Other mation is attached (evidence, incident/witness reports, arden or Designee Signature) (Date) Other (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date)
Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness of etc.) (Shift Supervisor's Signature) NOTICE OF H. I have received a copy of this notice and have been informed of my rimple of the complete of the	(Print Name) (P	Status Other mation is attached (evidence, incident/witness reports, arden or Designee Signature) (Date) Other (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date)
Supervisor Review: Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness of etc.) (Shift Supervisor's Signature) NOTICE OF H. I have received a copy of this notice and have been informed of my riment to the state of the stat	(Print Name) (P	Status Other mation is attached (evidence, incident/witness reports, arden or Designee Signature) (Date) Other (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date)
Supervisor Review: Inmate Status: Pre-Hearing Confinement Réason: I have reviewed this report for legibility, completeness, correctness of etc.) (Shift Supervisor's Signature) NOTICE OF H. I have received a copy of this notice and have been informed of my rimple 1. Hearing Date: 1. 44/2020 Time: 44/2020 Time: 45/4/2020 Time: 45/	(Print Name) (Walliam of the sanctions as outling that by refusing to sign I am appeal.	Status Other mation is attached (evidence, incident/witness reports, arden or Designee Signature) (Date) Other (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date)

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MAJOR 7 MINOR ID# 3015941Date: Inmate's Name: Infraction Number(s) & Name(s) I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN ☐ I DO UNDERSTAND THE VIOLATION Continuance granted to Date: 1 / 27 / -20 Hearings Officer / SM Plea: Guilty **Inmate's Statement: Evidence Provided:** Guilty of # 4111 ☐ Not Guilty of # Findings: **Evidence Relied On:** REPORT : INCIDENT REPORTS For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 10 days DET Reason(s) for findings: Safrey & Securety ISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. **IDO WISH TO APPEAL** (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPE Inmate's Signature / ID#: Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

1 42 1 0F 4

rate: 1/28/20 isciplinary Hearing istructions: Docum There was no evide Sofficer Required disciplinary The sanction(s) is Arden or designee: there sufficient evide there substantial conthe sanction(s) imp cision: Affirm. I upho Dismiss. I disa Modify. I upho reduced sanc	MSP MWP Co	DVIKACITACILIY		IONS RECEIV	100 1
ritten justification		on the control of the		JAN 3 (2020
ritten justification		ciplinary Appea ajor infractions only)	1	DISCIPL	INARY
There was no evidence was no evidence was no evidence was no evidence with the work and the sanction (s) is the sanction (s) is there substantial conthe sanction (s) imprecision: Modify I upho reduced sanction suspended second was produced was produced second was prod		LASSAULT DAY DET	ID# 3 6	18941	
Arden or designee: there sufficient evice there sufficient evice there substantial conthe sanction(s) implements. I disa Modify. I upho reduced sance suspended second second suspended second secon	ment why one, two, or all	three of the following	apply and sub	mit it to the DHO	O or DHI.
there sufficient evice there substantial coefficient evice the sanction(s) imperior	me up. He can y the cause. T inary procedures were not fense because y of accessive s excessive. op co held liable ad assaultive Thinge Signature	followed i was Lexis Nexis sle to me or always find wrse this Efor star	not give and son	The hear The hear year a cl /MSP Pol and I an siltyoll con is a	for definance
there substantial co the sanction(s) imp ecision: Y Affirm. I upho Dismiss. I disa Modify. I upho reduced sanc suspended sanc		OR DESIGNEES RES			
the sanction(s) impecision: Y Affirm. I upho Dismiss. I disa Modify. I upho reduced sanc suspended sanc suspended sanc ritten justification				YES X	NO 🗌
Modify. I upho ☐ Dismiss. I disa ☐ Modify. I upho ☐ reduced sand ☐ suspended sand	posed proportionate to the		CS:	YES 🔀	NO 🗆
Dismiss. I disa Modify. I upho reduced sand suspended so	oold the decision of the DI	IO and the sanction(s)	imposad		
☐ Modify. I upho ☐ reduced sand ☐ suspended so /ritten justification	sagree with the actions of				
reduced sand	hold the decision of the D			fraction level sh	all be:
	nction or level to: sanction(s) for:				
	on for the action taken al	1/2		66.	
	- 1	pourts the	desist-	exim as	レルカー
	<			2	15/202
	-	Warden or Designee Sig	nature		Date
pies to: Records (Whit	-	O			



The last		Statemen	t of Incid	lent	: .		
Title: Witfor	rd Use of force				Statemer	ıt #:	37821
incident Da	te: 01/21/2020	Incident Time:	10:30 AN	1 .	Statement D	ate: 01/	/21/2020
Jurisdiction	n: Montana State Prison	l				7 *	
Incident Sc	ene				*		
	curred at Facility? Yes	· · · · · · · · · · · · · · · · · · ·					
	Montana State Prison/Ma		on the side	walk going to	RHU		•
Summary o		, ,,		am going to			12.5
infirmary in the Riestad then Witford thrus tighten the behand he ther Inmate Witford tried Witford tried	e date and approximate he restraint chair pushed a stopped so the straps of this hip out to resist the elts during which he attentook that opportunity to down IPS transferred in to pull his arm away and iner, cut away his clothe	I by IPS Reistad in could be tightened straps being tight impted to headbut in pinch my right hat to RHU where he mate Witford from I was unsuccessful	nmate witfo around his ened aroun t Staff Serg and. i was a was placed the restrain II. IPS was	rd began to ro waist. While to d his hips. IP: eant Segovia ble to pull my d in the isolation of chair to the able to placed	ick violently from ightening the stra S then pushed his also my hand can hand away once on cell to calm do isolation cell duniful him in the isolati	left to rig ps Inma s hips do me close he was s wn. Afte ng which	ght. IPS te own to e to his secured. er given n inmate
Involved Pe	T .		TOMOTO UK	' '	iii. LON		
Category	Person	Nai	rative	•			
Staff	Reistad, Dakotah						
Staff	O						
Staff .	Burnett, Paul						
Staff	Chaney, Donald					•	-
Staff	Neighbor, Nickolas						
Staff	Poetma lochua			•			
Staff	Steyh, Michele	.==					
Offender	Whitford, Makueeya 3015941	pee -					
Source and	Documentation				,	٠,	
Anonymous	Informant: No			4.	*		
Information	Source: Staff - Joseph	son, David			71	*	.'
Reporting S	taff: Josephson, D	avid	•	Title: Corre	ectional Officer		
Signature	POWIN			Date: 1/2	41/20	3	
Notes					* , * ,		
No Notes are	associated with this Inc	ident Statement	•				
NOTE: Supe	ervisors must review	all reports for	accuracy	before sign	ing off	_	· .
Supervisor I	Review and Remarks:		·	<u>'</u>		·	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Witford Use of force		Statement #: 37821
Incident Date: 01/21/2020	Incident Time: 10:30 AM	Statement Date: 01/21/2020
Jurisdiction: Montana State Pris	on .	
<u>.</u> <u></u>		
	· · · · · · · · · · · · · · · · · · ·	
	· ·	
Supervisor Name:	· Tamisson Title:	1 cartered
Signature:	Date:	1-21-2020
Routing List (Place an X next	to those this report will be distribu	, , , , , , , , , , , , , , , , , , , ,
Helena Office	Security Major	Medical
MSP Duty Officer	Unit Manager	Maintenance
Warden or Designee	Command Post	Investigator's Office
Deputy Warden	Inmate Records File	MCE
Associate Warden	Inmate Unit File	Safety Committee
Other		<u></u>

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: Use of Force

Statement #:

37817

Incident Date:

01/21/2020 Incident Time:

09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/LOWER/Day Room

Summary of Incident

On the above date and time! IPS 7 Neighbor, and the first shift IPS team was asked to escort inmate Whitford in SAU to the SGT office. When we arrived to perform the escort we were told Whitford was kicking his door and acting aggressively. We then escorted inmate Whitford from his cell to the SGT, office to meet with Mark lochrie, it was during this time I/m Whitford began yelling at Lochrie. The meeting was end and we began escorting him back to his cell. During the escort he began pulling away from the team. He was placed on the ground to gain compliance. We then started to escorted him to a detention cell when he became more combative towards us. We then escorted him to cell LA4 and place him on his knees. Whitford made multiple threats while in the cell about killing us, and getting the natives to not. The restraint chair was then brought up to cell LA4. He was then escorted from his knees to the chair. Inmate whitford then attempted to head butt IPS officer Reistad. Whitford was then controlled until he was fully restrained in the chair. During this time inmate Whitford grabbed the inner part of my left thigh. Once in the chair he was escorted to the Infirmary where he was assessed by medical staff and the decision was made for safety and security of the institution that he would be medicated. Inmate Widford was very upset about this decision and attempted to resist against nursing staff who were administering the medication. Once he was cleared by medical, he was escorted to RHU. On the way to RHU inmate Widford attempted to thrust out of the chair. At that time the 1st shift IPS team rechecked the restraints and while attempting to re secure the waist strap inmate widford tried to head butt staff Sergeant segovia. He was then escorted two the safety management cell in RHU. Inmate whitford was placed in the restraint chair in the cell to give the medication time to take effect once inmate Whitford appeared calm the IPS team took him out of the restraint chair. While removing his right hand out of the restraint chair he tried to pull it out of the team¿s control. The cuff was placed on inmate whitford's right hand a staff forced his right hand to his back he then complied. He was removed out of the restraint chair and placed face down on the mattress in front of the cell inmate whitfords clothing was removed with scissors and the team left the cell without any more incident. Inmate widford was then instructed to come to the slot to be unrestrained which he complied, and the restraints were removed without incident. EOR

Involved Persons

Category	Person		Narrative	
Offender	Whitford, Makueeyapee	-	inmate involved	
	_ 3015941	··		

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Lochne, Mark Reporting Staff: Neighbor, Nickolas

Title: Correctional Officer

Signature: Nickolas Neigho Date: 1-21-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Use of Force	•	_		Statement #:	37817
Incident Date: 01/21/2020 Incid	ient Time: 09:30 AM	l .	S	tatement Date:	01/21/2020
Jurisdiction: Montana State Prison		••		·	
		*			
Supervisor Review and Remarks:	Reviewed	4			
<u></u>		, E			
Supervisor Name:		Title:		.`.	
Signature: 559 BM. VL		Date:	1-21	-2020	
Routing List (Place an X next to thos	se this report will be	distribu	ted to):		
Helena Office	Security Major	4.	_	Medical	
MSP Duty Officer	Unit Manager	vi v	• _	Maintenar	ice
Warden or Designee	Command Post	ı	_	Investigate	or's Office
Deputy Warden	Inmate Records	File	` <u>. </u>	MCE	7
Associate Warden	Inmate Unit File		· · ·	Safety Co	mmittee 🕹
Other					

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 2 of 2

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP X MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible) MAJOR 🛛 MINOR [Inmate Name: Date: 1/21/2020 Time: <u>0940</u> Place of Incident: 5AL Room/Cell: Housing Unit: Job Assignment: Infraction Number(s) & Name(s) 4108: Planning a templing encouraging of constituting commit any criminal act or 4100 series Threaten mo any other person to onclu Staff Witness: 1. Other Inmates involved 1 Description of Violation: (who, what, why, where, when and how): the IPS Officers who were escore REPORTING STAFF MEMBER: (Sign Name) Supervisor Review: (Print Name) (Sign Name) Inmate Status: Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other Reason: Threat I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, on or before NOTICE OF HEARING/PREHEARING ACTION Lunderstand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure lalso understand that by refusing to signifiant avalving involved in supplication (Staff Signature) (Date & Time) (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline



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Montana Department of Corrections

	E	Statemen	t of Incident		_
Title: u.o.f. V	Vhitford			Statement #: 3780	5
Incident Date	e: 01/21/2020	Incident Time:	10:00 AM	Statement Date: 01/21/202	0
Jurisdiction:	Montana State Pris	on .			
Incident Sce	ne				
	urred at Facility? Y	es			_
Location: M	ontana State Prison/	trauma room- RHU v	walk- SMC in RH	U'	
Summary of	Incident	<u>.</u>			_
restraint chair threating towa Whitford we b bucking in the area. I placed Whitford out of	to be evaluated by rards the IPS team. A rought him to R.H.U. chair. At one point I/M Whitford in the of the restraint chair. the right hand. Once	nedical. In the traum fter medical staff and By half way up the I/M Whitford attempt SMC cell for the sho We pulled his right a e we got control we p	na room I/M Whit d mental health o walk we had to s ed to head butt S ts to take affect. arm out and I/M \	IPS team along with I/M Whitford in a ford was highly agitated, cussing and evaluated and administered shots to I/M top because I/M Whitford jerking and SG Segovia while restraining the waist Once we deemed it safe to get I/M Whitford went on the fight by pulling and and on to the mattress to start his S.M.P.	-
nvolved Per	rsons	·	<u> </u>		_
Category	Person		rrative		_
Offender	Whitford, Makuee 3015941	yapee -		·	
Staff	Burnett, Paul:				_
Staff	Reistad, Dakotah				
Staff	Neighbor, Nickola	s			
Staff	Josephson, David				
Staff	Segovia, Danel				
Staff	Postma, Joshua				
Source and	Documentation				
Anonymous	Informant: No			•	
Information 8	Source: Staff - Cha	ney, Donald			
Reporting St	aff: Chaney, D	onald	Tit	e: Correctional Officer	
Signature:			Da	te: <u>1-71 - 20 2 0</u>	_
Notes			- 		_
No Notes are	associated with this	Incident Statement		. 9	
NOTE: Supe	rvisors must revi	ew all reports for	accuracy befo	re signing off	_
Supervisor F	Review and Remark	s: Reviewe	Distribu	ted	_
Supervisor N	lame: W) lar			le: \$\$(2	_

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: u.o.f. Whitford			- 1	Statement #:	37805
Incident Date: 01/21/2020	Incident Time:	10:00 AM	St	atement Date:	01/21/2020
Jurisdiction: Montana State Pris	son				•
•				* *	
					74
			 • .	* .	•
			,		
Signature: 56 200		Date:	1-21-20	20	• .
Routing List (Place an X next	to those this repo	ort will be distribu	ted to):		
Helena Office	Seci	urity Major		Medical	
MSP Duty Officer	Unit	Manager		Maintena	nce
Warden or Designee	Com	nmand Post		Investiga	tor's Office
Deputy Warden	Inma	ate Records File		MĈE	
Associate Warden ,	Inma	ate Unit File		Safety Co	oṃmittee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: I/M Whitford immediate use of force

Statement #:

37803

Incident Date:

01/21/2020

09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/E/day room area

Incident Time:

Summary of Incident

On the above date and time I IPS officer Burnett #13 along with IPS officers Reistad and Neighbor went to the SAU because the grievance specialist Lochrie needed to see I/M Whitford, M. AO#3015941, to give him grievance restrictions. When we arrived we were told by the unit Sargent that I/M Whitford was upset and kicking his door, I then called SSGT Segovia to notify him of the situation and get further instruction. We then went to talk to I/M Whitford and see if he wanted to come see the grievance specialist he said didn't believe us and that if "this was a trick to take me to the hole you better be strong." We told him were just going to take him to the Sargents office and let him talk to grievance specialist, we were able to deescalate him to comply. We went in to restrain him, we then took him to the sargents office when I/M Whitford was told that he was going to be given a grievance restrictions. I/M Whitford got upset and began to swear at him that he wasn't going to sign the restriction form I told I/M Whitford that he "wasn't going to swear at staff like that" the gnevance specialist said he was done, we then took I'M Whitford to his block and was swearing at me that i was a "punk ass bitch and he'll kick my ass" We got back on to his block and he jerked away from me we then had an unplanned use of force taking him to the ground. We then began to escort him and he continued to be combative so we then took him to the floor again and asked him if he was going to walk which he did, we got him to Detention cell L-A-4. At that time IPS officers SSGT Segovia and officer Chaney arrived and said there have the restraint chair coming, I/M Whitford continued to be belligerent and threaten to stab us, and to take us hostage, to riot, and to kill and rape female staff. When the restraint chair arrived we began to put him in the chair and he attempted to head butt Reistad and grabbed Neighbor's leg we got him under control and we then took him to the infirmary to be assessed by medical staff at this time IPS officer Josephson arrived he would not calm down so he was given a injected medication which he did not want. We then escorted him to RHU and placed into SMC #2 for a few minutes to let the medication take effect we later went to take him out of the restraint chair and once the arm restraint was taken off he attempted to get his hand free and tried to headbutt Segovia and grabbed Josephson we got him under control and he was then taken to the floor on his mattress and he was with the restraint retainer applied to his hand cuffs his clothes were removed and we backed out of the cell the door was closed and hand cuffs removed. End of report.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee -	
	3015941	••••••••••••••••
Staff	Reistad, Dakotah	
Staff	Neighbor, Nickolas	
Staff	Segovia, Danel	,
Staff	Chaney, Donald	9
Staff	Josephson, David	
Staff	Lochrie, Mark	
Staff	Postma, Joshua	

Source and Documentation

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2.



Statement of Incident

Title: I/M Whitford immediate use of force	•	,	Statement	#: 37803
Incident Date: 01/21/2020 Incid	lent Time:	09:30 AM	Statement Dat	e: 01/21/2020
Jurisdiction: Montana State Prison	٠		•	ų
		· _F	· e	
Anonymous Informant: No		, 	, , , ,	
Information Source: Staff - Burnett, Pau	1		•	
Reporting Staff: Burnett, Paul		Title: Co	orrectional Officer	
Signature: 1/3	13	Date: <u>^</u>	1/21/2020	
Notes	•	•	•	
No Notes are associated with this Incident	Statement	· •		•
NOTE: Supervisors must review all re	eports for a	ccuracy before si	gning off	
Supervisor Review and Remarks:	evversed/	Distributed	16	8
			<u>.</u>	
Supervisor Name: W) larson		Title:	3/2	· ,
Signature: State Dian	-	Date:	1-21-2020	
Routing List (Place an X next to thos	e this repor	t will be distribute	ed to):	43. 9
Helena Office	Secur	ity Major	Medica	l .
MSP Duty Officer	Unit N	lanager	Mainte	nance .
Warden or Designee	Comn	nand Post	Investig	gator's Office
Deputy Warden		e Records File	MCE	
Associate Warden	 Inmat	e Unit File	Safety	Committee
Other		•,		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: Use of Force on Whittford

Statement #:

37811

Incident Date:

01/21/2020

Incident Time:

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

09:30 AM

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/E/LOWER/2

Summary of Incident

On the above date and time I, IPS 8 Reistad, was in SAU to take inmate Whittford from LE-2. We took Whittford out of his cell off of E-Block to the Sergeant's office. The gnevance coordinator was talking to Whittford, and Whittford was getting extremely aggravated. He keep saying " Fuck this. Im not signing this fucking paper." Whittford was asked by IPS P Burnett to to watch his language. Whittford replied "Fuck that.", and was getting more and more agitated. IPS P Burnett and I escorted Whittford out of the Sergeant's office. While Whittford was being escorted back to his block he kept saying "Fuck that punk mother fucker." Once on to E-block before the stair well, Whittford tried to pull away. Whittford was escorted to the the ground, Whittford was restisting while I tried to apply a spit hood. More officers came onto the block to assist us help escort Whittford. As we were heading toward the sally port, Whittford began to resist. Whittford was escorted to the ground. After regaining control over Whittford, we escorted him to A-Block. Whittford was taken to LA-4. While in LA-4, Whittford stated that he gets hard at the thought of stabbing us. Whittford also stated that once he was out on the yard that he would get five Native's to one of us and beat us pussies down. Whittiord stated many times that he was going to take us hostage and he just needed to get enough people to do it. Whittford continued to make threats until the restraint chair arrived. We took inmate Whittford out of LA-4 to put him in the restraint chair. As we were applying the chair restraints, Whittford tried to head but me. After he was restrained to the chair, Whittford was escorted to the Infirmary. On the way to the Infirmary, Whittford was continually make threats that he was going to kill us. Once in the Infirmary, Whittford was yelling " Fuck these punk mother fuckers." He was assessed by medical and was starting to be escorted to RHU. On the walk to RHU, Whittford tried thrusting out of the chair. Some of the restraints started to become loose, so we adjusted them. At that time, Whittford tried to head butt IPS Segovia. Once in RHU, Whittford was placed in SMC-2 in the restraint chair. After waiting for Whittford to calm down, we went back to SMC-2 to get him out of the restraints. Once some of the chair restraints were removed, Whittford started to resist. Once we regained control of Whittford, we continued to remove the chair restraints and applied handcuffs. After that we placed Whittford into the SMC cell. His clothes were removed by scissors. After that Whittford's leg restraints were removed and we exited the cell. As the handcuffs were being removed, Whittford resisted. The least amount of force was used to get the handcuffs off of Whittford. EOR

Involved Persons

Category	Person	Narrative	•	, , , , ,
Staff	Burnett, Paul			
Staff	Neighbor, Nickolas		 -	
Staff	Josephson, David		 	
. Staff	Chaney, Donald		 	~
Staff	Segovia, Danel	,	 	
Staff	Lochrie, Mark	·	 	
Offender	Whitford, Makueeyapee - 3015941		 	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Reistad, Dakotah

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



7.

Montana Department of Corrections

Statement of Incident

Title: Use of Force on Whittford			Sta	atement #:	37811
Incident Date: 01/21/2020 Incident	dent Time:	09:30 AM	Staten	nent Date:	01/21/2020
Jurisdiction: Montana State Prison		•			
· · · · · · · · · · · · · · · · · · ·					
Reporting Staff: Reistad, Dakotah		Title:	Correctional Off	ficer	
Signature: Daniel		<u> IPS</u> 8 Date:	01.21.	2020	<u> </u>
Notes					
No Notes are associated with this inciden	t Statement		•	•	
NOTE: Supervisors must review all	reports for	accuracy before	signing off		
Supervisor Review and Remarks: Re	ausau ad t	Diete h. tod		ν.	•
	AINTERCE /	·			
Supervisor Name: W Larson		Title:	<u>\$\$6</u>		
Signature: 556			1-21-2020		
Routing List (Place an X next to those	se this repo	ort will be distribu	ited to):		
Helena Office	Seci	urity Major		Medical	
MSP Duty Officer	Unit	Manager		_ Maintena	ince
Warden or Designee	Com	nmand Post		_ Investiga	tor's Office
Deputy Warden	Inma	ate Records File		MCE	
Associate Warden	Inma	ate Unit File	•	Safety Co	ommittee
Other					

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 2 of 2



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Montana Department of Corrections

Statement of Incident

Title: Use of Force Whittford

Statement #:

37809

Incident Date: 01/21/2020 .

Incident Time:

09:40 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/A/LOWER/4/LA-4 to infirmary trauma room.

Infirmary Trauma room to Safety cell in RHU

Summary of Incident

On the above date and time !, SSG Segovia, received a call from IPS Officer Burnett stating that inmate Whitford was kicking his door and very aggressive. I told Officer Burnett to try and calm inmate Whitford down and explain to him that he wont go to see the grievance coordinator or to court with that type of behavior. I then left the armory to go to Secure Adjustment Unit. Once at the unit Staff had told me that inmate Whitford was good and that IPS had done 2 immediate uses of force. I then received a call from the command post stating that inmate Whitford is going into the restraint chair. I then meet IPS Officers Burnett, Reistad, and Neighbor in cell LA-4 and explained to them that inmate Whitford is going into the restraint chair. While waiting for the restraint chair inmate Whitford started getting very agitated and yelling that all staff is a bunch of bitches, he is going to stab all of us in the face, that he actually gets hard thinking about taking us hostage, and is going to rape female staff members. I told inmate Whitford that he doesn't want to do that and I wouldn't let that happen. He started to get even more agitated and threatening while stating he was going to get other "lifers" to help him. That it would be 5 natives against 1 staff member and he was going to kill them. At that time the restraint chair was brought to the unit and he was escorted to his feet to the restraint chair. While being placed in the restraint chair inmate Whitford attempted to head butt officer Reistad. Inmate Whitford was controlled until he was fully restrained in the chair. Once in the chair he was escorted to the infirmary where he was assessed by medical. Medical Staff made the decision for inmate Whitford safety and the security of the institution that he be medicated. Inmate Whitford was very upset about this decision and attempted to resist against nursing staff who was administering the medication. Once he was cleared by medical he was escorted to RHU. On the way to RHU irimate Whitford attempted to thrust out of the chair. At that time the team re-checked the restraints and while attempting to re-secure the waist strap inmate Whitford tried to head butt me. He was then escorted to the safety management cell in RHU. Inmate Whitford was placed in the restraint chair in the cell to give the medication time to take affect. Once inmate Whitford appeared calm the IPS team took him out of the restraint chair. While removing his right hand out of the restraint chair he tried to pull it out of the teams control. The cuff was placed on inmate Whitfords right hand and staff forced his right hand to his back. He then complied with orders to not resist us and place his left hand behind his back. Once his hand were secure the restraint retainer was applied and he was removed out of the restraint chair and placed face down on the mattress in front of the cell. Inmate Whitford's clothing was removed with scissors and the team left the cell without any more incidents. Inmate Whitford was then instructed to come to the slot to be unrestrained which he complied and the restraints were removed without any incident. EOR

Involved Persons

	<u> </u>			 ,
Category	Person	Narrative		
Offender	Whitford, Makueeyapee -	•	*	
	3015941			

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Lochrie, Mark

Reporting Staff: Segovia, Danel Title: Correctional Officer Sgt

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: Use of Force Whittford	e de		Sta	tement #:	37809
Incident Date: 01/21/2020	Incident Time:	09:40 AM	Statem	nent Date: 0	1/21/2020
Jurisdiction: Montana State Priso	n ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	v.			
					· <u>· · · · · · · · · · · · · · · · · · </u>
· · · · · · · · · · · · · · · · · · ·			, ;		
	•			,	17
Signature:	<i>5</i> .	Date:	1/21/20	020	
Notes				<u> </u>	· · · · · · · · · · · · · · · · · · ·
No Notes are associated with this I	ncident Statement	•			
NOTE: Supervisors must revie	w all reports for	accuracy before	signing off		-
	·	1			-
Supervisor Review and Remarks	Reviewed	Distributed		-	
Supervisor Name: W los	son	Title:	556		<u> </u>
Signature: SSG ADA		Date	-22.2020		
Routing List (Place an X next t	o those this rep	——— ort will be distrib	uted to):		
Helena Office		urity Major		Medical	•
MSP Duty Officer	Unit	Manager	<u> </u>	Maintenand	eé '
Warden or Designee	Cor	nmand Post		Investigato	r's Office
Deputy Warden	lnm	ate Records File	· · ·	MCE	*
Associate Warden	Inm	ate Unit File	•	_ Safety Con	nmittee
Other	-			A	٠,
· · ·				3	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

DBY T
STATE OF MONTANA DEPARTMENT OF CORRECTIONS RECEIVED BY MSP MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING TSCIPLINARY
STATE OF MONTANA DEPARTMENT OF CORRECTIONS PLOT 2.2 2010 MSP MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible)
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR MINOR □
Inmate Name: Whtford, M ID# 3015941
Date: 1-21-20 Last name First Name Time: 1030 Place of Incident: Side walk going to RHU Room/Cell: Housing Unit: Leb Assignment
Todang Ont. Job Assignment.
Infraction Number(s) & Name(s) 4111 GSSAUTY STAFF.
Staff Witness: 1 Other Inmates involved 1
2
Description of Violation: (who, what, why, where, when and how): an the above date and time
IPS Josephson While Gransporting in mate Whitford to RHU he began to shake Violently in the restaint Chair. IPS Stopped Pushing the chair to researce the restain
while securing the restraints Whitford Rinched my right hand COR
REPORTING STAFF MEMBER: David Josephson 1/1/1/1/
(Pfint Name) (Sign Name)
Inmate Status:
1/4
I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary in position is attached (evidence, incident/witness reports, etc.)
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date) NOTICE OF HEARING/PREHEARING ACTION
I have received a copy of this notice and have been informed of my rights.
2. I understand the charge(s)? Yes No (if no, verbally explain the charge(s) to the inmate).
3. I waive my right to a hearing? Yes No (if yes, have the inmate sign a waiver form - attachment H) 4. Be present at the hearing and present evidence and witnesses on my behalf. If inmate has witnesses have him/her complete a witness request form (attachment G.)
5. Other pertinent notations:
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.
1/21/2020 2086 Levere
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)
Copies to: 2. Parole Board (Major) 3. Housing Unit 4. Inmate
2. Parole Board (Major) 3. Housing Unit 4. Inmate
Revised October, 2009 MSP 3.4.1, Institutional Discipline Attachment B

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR ✓ MINOR □
Inmate's Name: Whitford Mapueegee ID# 30/594/Date: 1/28/18
Infraction Number(s) & Name(s) 4111 Assault
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: 1 / 28 / 20 By:
Reason:
Plea: Guilty Not Guilty Other:
Inmate's Statement: I was assaulted. I have was thrown to, the
I was Assaulted, IT was self perforse.
I was Assaulted IT was self perforse.
Evidence Provided: Typescrion Report, Incident Report
Findings: Guilty of # 4111 Not Guilty of #
Findings: Guilty of # 4111 Not Guilty of # Evidence Relied On: Two Processor Report, Two Processor Report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 46 classes prior guilty decisions within the timeframe [not each rule violation].
Sanction(s): 10 days per 8 day credit
Reason(s) for findings:
Reason(s) for findings:
•
Was also have the
ADMINISTRATIVE REVIEW / DATE 2 3 (2021) DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s).
I DO NOT WISH TO APPEAR A blo to A COMPAN O COMPAN
Inmate's Signature / ID#: WWW 10/Segm - GIVEN appeal
Conies to: Records (White) Parole Board-Majors only (Vellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 224 of 527

	Page L	1 0 - 4
	RECEIV	VED BY
STATE OF MONTANA DEPARTMENT OF CORRE	CCTIONS	0 2020
MSP MWP CONTRACT FACILITY:		
Disciplinary Appeal	DISCIP	LINARY
(major infractions only)		
Inmate's Name: Whatford M ID# Date: 1/28/20 Infraction(s): 4111 Assault	3015941	
	1	
Disciplinary Hearing Decision: Gulty 10 days pet 8. Instructions: Document why one, two, or all three of the following apply and	submit it to the DHO	O or DHI.
1. There was no evidence or documentation to support the decision. (conf)	. d D -	2 11.
Horney general notified of my allegations.	I do from	ig s) the
and albert attacked. I did not posture. Aw Go	decer to con	are of the
llegations. None of these infractions, show who I	was taken d	own. The wire al
2. Required disciplinary procedures were not followed. (continued	From 1993	s) can ess
rate me from all charges, when cos cause	- this beh	autor an
ssault me the way they did, it can be	expectacl +	hat prop
ill react the way I did . Especially in prison	^ '	
	e fact? vi	
all you why, I did not do anything t	o have for	ce used
gainst ness, they could not use any	thing of	
shat happened after the fact to infract	un. It re	eds to Stop
W DW+ 1/29/2021	D	
Inmate Signature 1/29/20 20		
WARDEN OR DESIGNEES RESPONSE		
Warden or designee:		
Is there sufficient evidence and documentation to support the finding?	YES 🔀	NO 🗆
Is there substantial compliance with applicable disciplinary procedures?	YES	NO 🗆
Is the sanction(s) imposed proportionate to the rule violation(s)?	YES 🔽	NO L
Decision:		
Affirm. I uphold the decision of the DHO and the sanction(s) imposed.		
Dismiss. I disagree with the actions of the DHO and dismiss the infraction	on.	
☐ Modify. I uphold the decision of the DHO, but the sanction(s) imposed of		all be:
reduced sanction or level to:		
suspended sanction(s) for:		
Written justification for the action taken above: The DHOS d	ecrisic is co	rect.
Eurden supports decisions		
	_	101000
Warden or Designee Signature		Date 12020
		Date
Contract Description of the contract of the co		ME
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit	(Pink) Inmate Go	deprodo
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit Revised: December 2014	(Pink) Inmate (Go	denrot



Statement of Incident

Title: Witford U	se of force			Statement #:	37821
Incident Date:	01/21/2020	Incident Time:	10:30 AM	Statement Date:	01/21/2020
Jurisdiction: M	lontana State Pris	son			

Incident Scene

Incident Occurred at Facility? Yes

Person

Location: Montana State Prison/Maximum Security/On the side walk going to RHU

Summary of Incident

On the above date and approximate time I IPS Josephson while transporting inmate Witford to RHU from the infirmary in the restraint chair pushed by IPS Reistad inmate witford began to rock violently from left to right. IPS Riestad then stopped so the straps could be tightened around his waist. While tightening the straps Inmate Witford thrust his hip out to resist the straps being tightened around his hips. IPS then pushed his hips down to tighten the belts during which he attempted to headbutt Staff Sergeant Segovia also my hand came close to his hand he then took that opportunity to pinch my right hand. i was able to pull my hand away once he was secured. Inmate Witford was then transported to RHU where he was placed in the isolation cell to calm down. After given time to calm down IPS transferred inmate Witford from the restraint chair to the isolation cell during which inmate Witford tried to pull his arm away and was unsuccessful. IPS was able to placed him in the isolation cell with a restraint retainer, cut away his clothes and was able to remove the cuffs from him. EOR

Narrative

Involved Persons

Category

Staff	Reistad, Dakotah	
Staff	Segovia, Danel	
Staff	Burnett, Paul	
Staff	Chaney, Donald	
Staff	Neighbor, Nickolas	
Staff	Postma Joshua	
Staff	Stoub Michala	
Offender	Whitford, Makueeyapee -	
Source and	Documentation	
Anonymous	s Informant: No	
Information	Source: Staff - Josephson, David	
Reporting S	Staff: Josephson, David	Title: Correctional Officer
Signaturer	SOMP	Date: 1/21/20
Notes	0, ,	
No Notes ar	e associated with this Incident Statement	
NOTE: Sup	ervisors must review all reports for	accuracy before signing off
Supervisor	Review and Remarks:	
ouper visor		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Witford Use of force		Statement #:	37821
Incident Date: 01/21/2020	Incident Time: 10:30 AM	Statement Date: 01	/21/2020
Jurisdiction: Montana State Pris	son		
Supervisor Name:	n Famicson	Title: / icuterant	
Signature:		Date: /-2/-2020	
Routing List (Place an X next	to those this report will be d	istributed to):	
Helena Office	Security Major	Medical	
MSP Duty Officer	Unit Manager	Maintenance	
Warden or Designee	Command Post	Investigator's	Office
Deputy Warden Inmate Records File		ile MCE	
Associate Warden	Inmate Unit File	Safety Comn	nittee
Other			

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Statement of Incident

Title: Use of Force

Statement #: 37817

Incident Date: 01/21/2020 Incident Time: 09:30 AM Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/LOWER/Day Room

Summary of Incident

On the above date and time I IPS 7 Neighbor, and the first shift IPS team was asked to escort inmate Whitford in SAU to the SGT office. When we arrived to perform the escort we were told Whitford was kicking his door and acting aggressively. We then escorted inmate Whitford from his cell to the SGT. office to meet with Mark lochrie, it was during this time I/m Whitford began yelling at Lochrie. The meeting was end and we began escorting him back to his cell. During the escort he began pulling away from the team. He was placed on the ground to gain compliance. We then started to escorted him to a detention cell when he became more combative towards us. We then escorted him to cell LA4 and place him on his knees. Whitford made multiple threats while in the cell about killing us, and getting the natives to riot. The restraint chair was then brought up to cell LA4. He was then escorted from his knees to the chair. Inmate whitford then attempted to head butt IPS officer Reistad. Whitford was then controlled until he was fully restrained in the chair. During this time inmate Whitford grabbed the inner part of my left thigh. Once in the chair he was escorted to the Infirmary where he was assessed by medical staff and the decision was made for safety and security of the institution that he would be medicated. Inmate Widford was very upset about this decision and attempted to resist against nursing staff who were administering the medication. Once he was cleared by medical, he was escorted to RHU. On the way to RHU inmate Widford attempted to thrust out of the chair. At that time the 1st shift IPS team rechecked the restraints and while attempting to re secure the waist strap inmate widford tried to head butt staff Sergeant segovia. He was then escorted two the safety management cell in RHU. Inmate whitford was placed in the restraint chair in the cell to give the medication time to take effect once inmate Whitford appeared calm the IPS team took him out of the restraint chair. While removing his right hand out of the restraint chair he tried to pull it out of the team a control. The cuff was placed on inmate whitford's right hand a staff forced his right hand to his back he then complied. He was removed out of the restraint chair and placed face down on the mattress in front of the cell inmate whitfords clothing was removed with scissors and the team left the cell without any more incident. Inmate widford was then instructed to come to the slot to be unrestrained which he complied, and the restraints were removed without incident. EOR

involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee -	inmate involved
	3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Lochrie, Mark Reporting Staff: Neighbor, Nickolas

Title: Correctional Officer

Signature: Nickolas Neigho Date: 1-21-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Use of Force		Statement #: 37817
Incident Date: 01/21/2020	Incident Time: 09:30 AM	Statement Date: 01/21/2020
Jurisdiction: Montana State Priso	n	
Supervisor Review and Remarks	Reviewed	
Supervisor Name:	Title:	
Signature: <u>559 B.M.L.</u>	Date:	1-21-2020
Routing List (Place an X next to	o those this report will be distribu	ted to):
Helena Office MSP Duty Officer Warden or Designee Deputy Warden Associate Warden	Security Major Unit Manager Command Post Inmate Records File	Medical Maintenance Investigator's Office MCE Safety Committee
Other	•	•

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

4. 3.					
			NT OF CORRECTIO	ONS	4
		CONTRACT FAC		-	
4			I / NOTICE OF HEA	RING	
		on and staff signatures on this JOR \(\overline{\sqrt{N}} \)	INOR IINOR		
				- V	
Inmate Name:	Whitford Last name	Mo	Kveeyapee First Name	ID# 30159	341
Date: 01/08/20 Room/Cell: LE	Time: 1625 -7 Housing Unit: Ser r(s) & Name(s) 4213: re	Place of Incident:	Secure Advivsto Assignment: 801 1	ment Unit DAYra	2000
Infraction Number	r(s) & Name(s) 4213: rd	efusing to imm	ediately obey a	verbal direct	order
	4208: 10	solence; words	and other behav	ions that hara	55
	an empl	oyee			
Staff Witness: 1		Other I	nmates involved 1.		
2.		Other I	2.		
2.			_		
Description of Vi	olation: (who, what, why, w	here, when and how)	on the above o	date and time	150 Ray
was working	ng SAU Satalite	when 'm W	sittford, M #3	015941 was o	in the
top tier o	PE block. I to	id him at 16	10 the top tie	er is not a p	part of
his dayroon	n. At 1625 1 to	id him to go	lockdown since	e he was ba	ck on
the top tier	re 'm whithford re	fused to lockd	own and start	ed scream, '	Fuck
you bitch y	ou don't know you	or fucking p	olicy you fucki	ng cuntil In	otified
my sergean	t, but the unit	Statt was bri	iding is hard	at this time	. 111
1700, 1 told	"m whithford to	lockdown Sin	ce it was the	end of his ac	yroom.
m Whittora	then stated "I u	sant you to	now, around no	the are apply	o look days
solicy has a	orthen policy we arted punching th	ON WHAT WE	want. when	COCOCA TIME	5 benebul
again he st	irred positing to	e giass saa	111119 201 116	ser genn.	
REPORTING ST	AFF MEMBER:	Ray		Kay	
Supervisor Revie	S. 7	Print Name)	Sax	(Sign Name)	
Supervisor Revie	···	(Print Name)	— 	(Sign Name)	
Inmate Status:	☐ Pre-Hearing Confinem	ent Release	to Previous Status	☐ Other	
Reason:	The freating confinent	ent E Reieuse	to Tievious Status	_ ome	
					20.00FA
etc.)	ort for legibility, completeness, correctr		I necessary information is attach	ned (evidence, incident/witne	ss reports,
XXX	mouden	(Date)	av I b	C. C	1 1
(Shift Super	visor's Signature)		(Warden or Design	ee Signature)	(Date)
I have received a copy of	f this notice and have been informed of	OF HEARING/PREHEA			
Hearing Date:	/ / / / Time:	Place:	U UV	PAMAR	
2. I understand the ch	arge(s)? Yes No (if no, verbal	ly explain the charge(s) to the	inmate).	UCIDS OLDNO	nt.
Present evidence a	a hearing? Yes No (if yes, have no witnesses on my behalf. Yes	To If inmate has witnesses ha	we him her dopaplete A Witness I	Requestitorm 1000	o Dahoo
5. Other pertinent not	ations:	Unin	1 DIVIN 1	Dalan A Jan	e kyw a
	und guilty, I will be subject to				- 1
	tional procedure. I also under		to sign I am waiving my	hearing, my right to	
witheases and with	ossistatements, and my right	to an appeal. 1020	XA	- () (57	
Harwa	(Staff Signature)	(Date & Time		mate's Signature / ID#)	Total Control
	01		f.		
0.1- 1	Λ	4	1		
WYROO.	Len Spalpor	Mcorder	19 - WODTA	ed thous	sno
V -1000 3			000010	The state of	110
Attacl	injent B	MSP 3.4.1, Institutional Discip	ime () A leffecty	we January 17, 2017	

SAU/MAX/99999 Unassig 1

5all -7 0945

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

STATE OF MONTAINADE	ELAKINDENT OF COMMECTIONS	
MSP ☑ MWP ☐ CONTRACT F	FACILITY:	
	HEARING DECISION	
٨	_	

MAJOR ☒ MINOR □
Inmate's Name: Whitford Makuryapec 10# 3015941 Date: 01-16-2020
Infraction Number(s) & Name(s) 4213- Rehubing direct order 4209-Insolance
☑ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN
Continuance granted to Date: / / By:
Reason:
Plea: Guilty Other:
Inmate's Statement: See attached

Evidence Provided: 10 Coc obligate Report / State on the
Evidence Provided: Infraction Report/Statements
Findings: \(\mathbb{G}\) Guilty of \(\mathbb{H} \) \(\
Evidence Relied On: Infraction Report/Statements
THIS ACTION / STOCKINGENIS
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (5) Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 521 Fine
Reason(s) for findings:
OFF CITAL AND OBEYER A MILLI
towards the staff number.
Towards the staff mimber.
Jan 1/28/2020 Carrie Walster
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
I DO NOT WISH TO APPEAL
Inmate's Signature / ID#:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

7.	PS	lucal.
STATE OF MONTANA DEPARTMENT OF CORRECTIONS	s contes	of attach
MSP MWP CONTRACT FACILITY:	ments	Sant
Д IIII _ commer meini	backe	Thunk
Disciplinary Appeal (major infractions only)		6.2
Inmate's Name: (1) hitford Makusuuanee ID# 30159	141	
Inmate's Name: Whitford Makueyapee ID# 30159 Date: 01/16/20 Infraction(s): 4213-Refusing a directorder 4208 Disciplinary Hearing Decision: 521 Fine		
Instructions: Document why one, two, or all three of the following apply and submit it		
1. There was no evidence or documentation to support the decision. There was		
that infraction report Falsified which mans I ty no odder ever dence A follow of interview was 2. Required disciplinary procedures were not followed. Pre-Hearing Proc	there is	ous absolu
2. Required disciplinary procedures were not followed. Pre-Hearing procedures was violated on this staff member violated my free		The same of the sa
retaliated against me imposing a direct order the	-angle in	CARTORIU
nears and actually violating criminal statutes in	an alon	se of pour
3. The sanction(s) is excessive.	Carred	0.111
at all (please see the 20 Page report and argum	tim the	fullys!
was devied. I invoke the language in that down		
munts attached also -)	mr. (m)	thuss state
1/19/2070		
Inmate Signature Date		
WARDEN OR DESIGNEES RESPONSE		
Warden or designee: Is there sufficient evidence and documentation to support the finding?	YES 🕽	NO 🗌
Is there substantial compliance with applicable disciplinary procedures?	YES	NO 🗌
Is the sanction(s) imposed proportionate to the rule violation(s)?	YES 🔽	NO
Decision:		
✓ Affirm. I uphold the decision of the DHO and the sanction(s) imposed. ☐ Dismiss. I disagree with the actions of the DHO and dismiss the infraction.		
Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction.	ion level shall	hat
reduced sanction or level to:	on level shan	i de.
suspended sanction(s) for:		
1 7		
Written justification for the action taken above: # 8 you state " som	ne retadi	to cerak
and told you to lack down fishich you did not	do.	
	2 14	12020
Warden or Designee Signature	D	ate
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Revised: December 2014	Inmate (Golde	enrod)
	O	XIIII
) '





LOCKED HOUSING STATUS REVIEW PLAN

Name: Whitford, Makuaeeyap	msp/Doc# 30	Date: 12/1	1/2019
Housing Unit: LHU2	ST: Harper	UM: Boule	у
Separation Needs: Atypi	ical designation(s) STG Affil	iated, Assaultive, Violent	
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 9	Click here to enter a date.
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date:	Click here to enter a date.
Mental Health Referral/Contac	et within the last 30 days 🗵	Yes □ No	
Monthly review from MH/The	erapist: Jenny Morgan 11/6/2	019	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 3	Recomm	mended Completion Level:	: Choose an item.
ARC on 12/6/2019. He is cons separation needs. Inmate Whit 11/18/2019 Inmate Whitford st	ve Behavior ation to Escape Bottom bunk/tier Security Procedures recommendations: Inmate Videred A-typical Violent, Assford is currently on the waiting tarted Level 3 and will start I I I I I I I I I I I I I I I I I I I	Planning A serious disturbed by the Planning A serious distributions and the Planning A serious distributions and the Planning A serious distributions and the Planning A serious distributions distributions and the Planning A serious distributions din distributions distributions distributions distributions distrib	Classification & Placement Classification & Placement Locked Housing Placement by the on and has inactive and active f4C-CBT #530, AM #174. On ate Whitford's general population plinary Infraction was on 6/26/2019. ded housing status review plan. housing status review plan and
White-Main	Vellow	-6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D



Name: Whitford, Makueeyape	e MSP/DOC# 3015941 Da	te: 11/13/2019	
Housing Unit: LHU1 ST: Pe	eoples UM: Amie Garland		
Separation Needs: Atypi	cal designation(s) STG		
Activation of BMP within last	30 days □ Yes ☒ No	BMP Clearance Date: 1/10/	2019
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date: Click	here to enter a date.
Mental Health Referral/Contac	et within the last 30 days 🗆	Yes ⊠ No	
Monthly review from MH/The	rapist: Click here to enter tex	ct.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
T deket Title	Date Frovided to initiate	Completion Date	meompiete/1voir-compilant
Current Level: Level 2	Recomm	nended Completion Level: Lev	vel 4
Reason for initial placement: Multiple disciplinary violation	tions	Multiple locked housing plac	ements
☐ Refusal to leave locked hor	using	STG activity	
☑ Predatory/Violent/Assaulti	ve Behavior	Planning A serious disturban	ice/riot
☐ Escape, Attempt or Facilita	ition to Escape	Planning A serious disturban Death Sentence or pending d	eath seutence
Other Click here to enter to	ext.		CEIVED
Special Housing Needs: ☐ Spit Hood ☐ Restriction			NOV 3 0 2019 Office Placement
☐ Escort Procedures/Special	Security Procedures		Office Placem
Summary of current status and did not met with Mental Health 2/26/2020 and General Popular	h in the last 30 days. I/M Wh	itford is scheduled for Level 3	on 11/26/2019, Level 4 on
I	/ refuse to	participate in my locked housi	ng status review.
I appeal the current review to the it will be reviewed by the Adm	have Unit Manager and that if I a	participated in my locked hous	sing status and understand I may due to disciplinary or behavior
Locked Housing Unit ST: 5	· peoples		
White-Mail	Yellow	-6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D



LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeya	apee MSP/DOC# 3015941 Da	nte: 9/18/2019	
Housing Unit: LHU1 Sgt	Brett Coughlin UM: Amie C	Garland	
Separation Needs: 🗵 At	vpical designation(s) STG		
Activation of BMP within la	ast 30 days □ Yes ☒ No	BMP Clearance Date: 1	/10/2019
Activation of SMP within la	st 30 days □ Yes ⊠ No	SMP Clearance Date: C	Click here to enter a date.
Mental Health Referral/Con	tact within the last 30 days ⊠	Yes □ No	
Monthly review from MH/I	herapist: Click here to enter te	xt.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
 □ Refusal to leave locked □ Predatory/Violent/Assau □ Escape, Attempt or Faci □ Other Click here to ente Special Housing Needs: □ Spit Hood □ Restrict 	Iltive Behavior Iltation to Escape	STG activity Planning A serious distu Death Sentence or pendi Water Restrictions(flooding)	ng death sentence
Summary of current status a met with Mental Health in t and General Population on I	he last 30 days. I/M Whitford is 3/26/2020 if he continues to main refuse to have the Unit Manager and that in I a	e no changes to his Locked s scheduled for Level 3 on intain clear conduct. participate in my locked h participated in my locked	d Housing plan for this review. He 11/26/2019, Level 4 on 2/26/2020 housing status review. housing status and understand I may wels due to disciplinary or behavior

White-Mail Yellow-6 part file Pink-Inmate



LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyape	ee MSP/DOC# 3015941 Date	e; 8/28/2019	
Housing Unit: LHU1 Sgt: F	Brett Coughlin UM: Amie Ga	arland	
Separation Needs: Atypi	ical designation(s) STG		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 1/10/2	019
Activation of SMP within last	30 days □ Yes ☒ No	SMP Clearance Date: Click	nere to enter a date.
Mental Health Referral/Contac	et within the last 30 days 🛛 Y	l'es □ No	
Monthly review from MH/The	erapist: Click here to enter text	L.	
New Freedom Programming			I A O C
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 2	Recomm	ended Completion Level: Lev	el 4
met with Mental Health in the	d recommendations: There are last 30 days. He is currently l	Multiple locked housing place STG activity Planning A serious disturbance Death Sentence or pending death Sentence or pend	office Place New . He
2/26/2020 and General Popula	ation on 8/26/2020 if he contin	ues to maintain clear conduct. participate in my locked housir	ng status review
appeal the current review to the it will be reviewed by the Adn Locked Housing Unit ST:	have pose Unit Manager and that if I a		ing status and understand I may
White-Mail	Yellow	-6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D

UE-6

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyape	ee MSP/DOC# 3015941 Dat	e: 7/29/2019	
Housing Unit: LHU1 ST: P	eoples UM: Garland		
Separation Needs: Atypi	cal designation(s) STG		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 1/1	0/2019
Activation of SMP within last	30 days □ Yes ☒ No	SMP Clearance Date: Cl	ick here to enter a date.
Mental Health Referral/Contac	et within the last 30 days 🗆 🗅	Yes ⊠ No	
Monthly review from MH/The	rapist: Click here to enter tex	ſ.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 1	Recomm	ended Completion Level:	Level 5
Reason for initial placement: Multiple disciplinary viola Refusal to leave locked hor Predatory/Violent/Assaulti Escape, Attempt or Facilita Other Click here to enter to	using ve Behavior ation to Escape	Multiple locked housing pl STG activity Planning A serious disturb Death Sentence or pending	pance/riot RECEIVED g death sentence
			AUG 08 2019
Special Housing Needs: ⊠ Spit Hood ⊠ Restriction ⊠ Escort Procedures/Special	s	Water Restrictions(flooding	Office
	ystem. Whitford was restarted	on 6/26/2019, he is now so	started on level 1 for being found sheduled for level 3 on 8/26/2019
	P. C. C. C.		andre and a second succession
1	_	participate in my locked ho	using status review.
it will be reviewed by the Adm	e Unit Manager and that if I a		ousing status and understand I may els due to disciplinary or behavior
Locked Housing Unit ST:	V Y C R	ze-17 Le mon of C	V
White-Mail	Yellow-	6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D

		_
. 1	STATE OF MONTANA DEPARTMENT OF CORRECTIONS	RECEIVED
,	MSP MWP CONTRACT FACILITY:	
	DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARI	NG JUN 2 6 2019
	(Information and staff signatures on this form must be legible)	3014 2 0 2015
	MAJOR MINOR	DISCIPLINARY
Inmate Name:	Whitford Makueeyapee	ID# 3015941
	Last name First Name	ID# <u>5015111</u>
Date: 26 June 2		my F-6 ,
Room/Cell: UEC	Housing Unit: / //// Job Assignment: 9999	
Infraction Number(s) &	& Name(s) 4033	1 andsigned
	4318 Unauthorized Communic	minal
	-1/2	32/101
	4d13 Refusing an order.	
0. 003311	/	
Staff Witness: 1.	Other Inmates involved 1.	
2	2	
Description of Violation		1 42 1
Description of Violatio	on: (who, what, why, where, when and how): W 26 June	at 0300 hours
	wing phone logs. I found, that in	
who 15 on	The state of the s	necalls 1
between 16	of hours through It's a hours, of 30 mil	call, a 18 and
a 14 min ca	11. See attached, confidential repor	of requerding
unauthorize	ed communication	
REPORTING STAFE N	MEMBER. Thanks CML 3	
REPORTING STAFF N	MEMBER: Thomas C Malcons Amn) (Sign Name)
REPORTING STAFF N Supervisor Review:	MEMBER: Thomas C Malcons from (Print Name)	(Sign Name)
	MEMBER: Thomas C Malcous flim ((Print Name)	(Sign Name)
Supervisor Review:	(Print Name)	(Sign Name)
Supervisor Review:	Pre-Hearing Confinement Release to Previous Status	
Supervisor Review: Inmate Status: Reason:	Pre-Hearing Confinement Release to Previous Status An immediate free Release to Previous Status	(Sign Name)
Supervisor Review: Inmate Status: Reason:	Pre-Hearing Confinement Release to Previous Status	(Sign Name)
Supervisor Review: Inmate Status: Reason:	Pre-Hearing Confinement Release to Previous Status An immediate free Release to Previous Status	(Sign Name)
Supervisor Review: Inmate Status: Reason:	Pre-Hearing Confinement Release to Previous Status (Print Name) (Print Name) (Print Name) (Release to Previous Status (Release	(Sign Name) Other vidence, incident/witness reports,
Supervisor Review: Inmate Status: Reason: I have reviewed this report for leetc.) (Shift Supervisor's Signature)	Pre-Hearing Confinement Release to Previous Status (Print Name) Pre-Hearing Confinement Release to Previous Status (Egibility, completeness, correctness of charge, and to ensure all necessary information is attached (evident of Date) (Date) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION	(Sign Name) Other vidence, incident/witness reports,
Supervisor Review: Inmate Status: Reason: I have reviewed this report for leetc.) (Shift Supervisor's Signature)	Pre-Hearing Confinement Release to Previous Status	(Sign Name) Other vidence, incident/witness reports,
Supervisor Review: Inmate Status: Reason: I have reviewed this report for le etc.) (Shift Supervisor's Si I have received a copy of this no 1. Hearing Date: 2. I understand the charge(s)?	Pre-Hearing Confinement Release to Previous Status	(Sign Name) Other vidence, incident/witness reports,
Inmate Status: Reason: I have reviewed this report for le etc.) (Shift Supervisor's Si I have received a copy of this nor 1. Hearing Date: 7 / (2) 2. I understand the charge(s)? 3. I waive my right to a hearing	Pre-Hearing Confinement Release to Previous Status Pre-Hearing Confinement Release to Previous Status	(Sign Name) Other vidence, incident/witness reports, (Date)
Inmate Status: Reason: I have reviewed this report for le etc.) (Shift Supervisor's Si I have received a copy of this nor 1. Hearing Date: 7 / (2) 2. I understand the charge(s)? 3. I waive my right to a hearing	Pre-Hearing Confinement Release to Previous Status	(Sign Name) Other vidence, incident/witness reports, (Date)
Supervisor Review: Inmate Status: Reason: I have reviewed this report for le etc.) (Shift Supervisor's Si I have received a copy of this not a	Pre-Hearing Confinement Release to Previous Status Release to Previous Status	(Sign Name) Other vidence, incident/witness reports, (Date) er complete a Witness Request form
Supervisor Review: Inmate Status: Reason: I have reviewed this report for le etc.) (Shift Supervisor's Si I have received a copy of this not a	Pre-Hearing Confinement Release to Previous Status Pre-Hearing Confinement Release to Previous Status	(Sign Name) Other vidence, incident/witness reports, (Date) er complete a Witness Request form
Inmate Status: Reason: I have reviewed this report for le etc.) (Shift Supervisor's Si I have received a copy of this no 1. Hearing Date: 7 / 1 2. I understand the charge(s)? 3. I waive my right to a hearin 4. Be present at the hearing an 5. Other pertinent notations: I understand, if found gu	Pre-Hearing Confinement Release to Previous Status Pre-Hearing Confinement Release to Previous Status	(Sign Name) Other vidence, incident/witness reports, (Date) er complete a Witness Request form
Inmate Status: Reason: I have reviewed this report for leetc.) (Shift Supervisor's Si I have received a copy of this not 1. Hearing Date: 7 / 1 2. I understand the charge(s)? 3. I waive my right to a hearing 4. Be present at the hearing an 5. Other pertinent notations: I understand, if found guoperational procedure.	Pre-Hearing Confinement Release to Previous Status Release to Previous Status	(Sign Name) Other vidence, incident/witness reports, (Date) er complete a Witness Request form

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:

DISCIPLINARY HEARING DECISION

MAJOR MINOR
Inmate's Name: Whitford, Makueeyapee 10# 2015941 Date: 7-1.19
Infraction Number(s) & Name(s) 4222-11ngusth. Comm: 4213-Rof. an Ordo
Infraction Number(s) & Name(s) 423-Unauth - Comm; 4213-Rof. on Orde I DO UNDERSTAND THE VIOLATION I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: / / By:
Reason:
Inmate's Statement: I Delleve 145 Cruel & unusual Dunishment. UN AUUGHER WANTED ME TO CALL HER. THE OFFICERS ALL
And allegator was near the to call the the transfer all
supposed to trace it tor is.
· · · · · · · · · · · · · · · · · · ·

Evidence Duraided: 1'0 hoo Chi O' 100 and a Chi o The Chi
Evidence Provided: intraction report, confidential report
Findings: Quilty of # 4213 Not Guilty of # 4213
Evidence Relied On: 10 trachon reports
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Uses
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
——————————————————————————————————————
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 day phone yestical contents of the contents of t
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 day phone yestical contents of the contents of t
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 day phone yestical contents of the contents of t
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 day phone yestical contents of the contents of t
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 day phone yestical contents of the contents of t
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 day phone yestical contents of the contents of t
Reason(s) for findings: Offencer Misused the phone. He's only aloued 2 phone calls the made the phone is a fucking vight "-vernoved promised for findings. Administrative beview/date I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
Reason(s) for findings: Offencer Misused the phone. Performe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Offencer Misused the phone. Performe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Offencer Misused the phone. Performe Calls the made the phone is a fucking vight "-vernoved by heaving "the phone is a fucking vight "-vernoved by heaving the phone is a fucking vight "-vernoved by heaving the phone is a fucking vight "-vernoved by heaving the phone is a fucking vight "-vernoved by heaving the phone is a fucking vight "-vernoved by heaving the phone is a fucking vight by the phone is a fucking vight "-vernoved by heaving officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
Reason(s) for findings: Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Offencer Misused the phone.
Reason(s) for findings: Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Conclusion C
Reason(s) for findings: Offencer Misused the phone. Person (s) for findings: Offencer Misused the phone. Offencer Misused the phone. Offencer Misused the phone of the ph
Reason(s) for findings: Offencer Misused the phone. Person (s) for findings: Offencer Misused the phone. Offencer Misused the phone. Offencer Misused the phone of the ph
Reason(s) for findings: Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Conclusion C

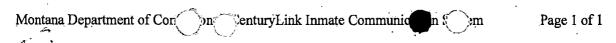
Copies to: Records (White) Parole Board-Majors only (Yellow)

Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 239 of 527





Montana Department of Corrections User: tmalcomb (v 9.0.30-f) Copyright 2005-2019

Call Records

Includ· ✓ Id:3015941 (WHITFORD, MAKUEEYAPEE)					AND V Search Clear		
Date Range:∨	06/19/20	19 00:00	1 1			3	More Search Criteria
Quick Searches	~}	Load	Save	Delete	☐ Show All		•

Showing 1 to 7 of 7 entries

+	Action	Start Time	CSN	Inmate ID	Last Name	Phone Number	Call Type	Tariff Band	Station	Talk Secs	Billed Time	Validatio
<u> </u>		06/24/2019 16:16:03	8072700	3015941	WHITFORD		Not Set	None	LOCK HU 1 E	0	0:00	Not Done
		06/24/2019 16:19:22	8072724	3015941	WHITFORD	1-202-590- 7222	Debit	InterLata InterState	LOCK HU 1 E	1793	30:00	OK; call allowed
		06/24/2019 16:52:49	8073352	3015941	WHITFORD	1-385-244- 9740	Prepaid	InterLata InterState	LOCK HU 1 E	1763	30:00	OK: call allowed
		06/24/2019 17:22:15	8073738	3015941	WHITFORD	-	Not Set	None	LOCK HU 1 E	0	0:00	Not Done
		06/24/2019 17:26:46	8073764	3015941	WHITFORD	1-540-492- 1507	Debit	InterLata InterState	LOCK HU 1 E	o	0:00	OK: call allowed
	,	06/24/2019 . 17:31:11	8073788	3015941	WHITFORD	1-208-202- 8391	Debit	InterLata InterState	LOCK HU 1 E	1028	18:00	OK: call allowed
		06/24/2019 17:50:17	8073836	3015941	WHITFORD	1-208-202- 8391	Debit	InterLata InterState	LOCK HU 1 E	828	14:00	OK: call allowed

Showing 1 to 7 of 7 entries

Show 100 🗸 entries

https://mtdoc.ctlenforcer.com/call search.php

6/26/2019

UE-6 P

Pink-Inmate

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyapo	ee MSP/DOC# 3015941 Da	te: 5/28/2019	
Housing Unit: LHU1 ST: F	Peoples UM: Garland		
Separation Needs: Atyp	ical designation(s) STG		
Activation of BMP within last	30 days □ Yes ☒ No	BMP Clearance Date: 1	/10/2019
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date:	Click here to enter a date.
Mental Health Referral/Contac	et within the last 30 days	Yes ⊠ No	
Monthly review from MH/The	erapist: Click here to enter tes	st.	
Name Franchisco Description			
New Freedom Programming Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
racket Title	Date Provided to initiate	Completion Date	meompiete/1von-compnant
Current Level: Level 1	Recomn	nended Completion Level:	Level 5
Whitford has continued to mai flooding refusing an order, day	using	new no changes were made ng restarted on level 1 for re ault on staff, flooding, inso uled to move to level 2 on as decided that they will re	rbance/riot ing death sentence RECEIVED JUL 27 2019 Office to inmate Whitford's LHU-plan. refusing to stop kicking his door, plence, kicking door, refusing an 7/23/2019 at this time. Also, this emain in place at this time.
I	refuse to	participate in my locked h	ousing status review.
I farth pured by each appeal the current review to the it will be reviewed by the Adn Locked Housing Unit ST:	e Unit Manager and that if I and Review Committee.	participated in my locked am reduced two or more le	housing status and understand I may vels due to disciplinary or behavior
White-Mail	Yellow	-6 part file	Pink-Inmate

EXHIBIT D **EXHIBIT D**

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyape	ee MSP/DOC# 3015941 Da	te: 5/28/2019	
Housing Unit: LHU1 ST: F	Peoples UM: Garland		
Separation Needs: Atypi	ical designation(s) STG		
Activation of BMP within last	30 days □ Yes ☒ No	BMP Clearance Date: 1/10	0/2019
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date: Clic	k here to enter a date.
Mental Health Referral/Contac	et within the last 30 days	Yes ⊠ No	
Monthly review from MH/The	erapist: Click here to enter tex	kt.	
Name Francisco December in			
New Freedom Programming	Date Provided to inmate	Completion Date	Incomplete Non-Generaliset
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 1	Recomm	nended Completion Level: L	evel 5
Reason for initial placement:			
Multiple disciplinary viola	tions \square	Multiple locked housing pla	cements
☐ Refusal to leave locked ho		STG activity	
□ Predatory/Violent/Assaulti		Planning A serious disturba	ance/riot
☐ Escape, Attempt or Facilita		Death Sentence or pending	
☐ Other Click here to enter to		z emm centener or penamig	
Concrete to ener to	int.		RECEIVED
Special Housing Needs:			112021122
	ns 🗆 Bottom bunk/tier 🗆	Water Restrictions(flooding)	□ ADA
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JUN 0 5 2019
on staff, flooding 5/6/2019, ins	p kicking his door, flooding re solence, kicking door, refusin move to level 2 on 7/23/2019	efusing an order, damage of s g an order 5/9/2019. Whitfor 9 at this time. Also, this revie	tate property on 5/5/2019, assault
I Refused to sign sign	refuse to	participate in my locked hou	sing status review.
I	have	participated in my locked hor	using status and understand I may
	e Unit Manager and that if I a		s due to disciplinary or behavior
Locked Housing Unit ST: 5			
		(a)	
White-Mail	Yellow	-6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D

	Υ.		()		\mathcal{C}
•	STATE OF MON	ITANA DEPARTM	ENT OF CORRE	CTIONS RECE	IVED BY
· · · · · · · · · · · · · · · · · · ·		☐ CONTRACT FA		THE CL	TAED BL
2	DISCIPLINARY IN	FRACTION REPO	RT / NOTICE OF	HEARING MAY	10 2019
		tion and staff signatures on th			
		AJOR 🔯 🦽 🔠		DISCI	PLINARY
Tatalata Name 4	10.10	mi 1		·- 2	00000111
Inmate Name: Z	Shitferel Last name	II lak	ullywpee Fire Name	ک #۱۵	01594/
Date: 5-9-19		Di	ا روسوني ،		
Room/Cell:	Housing Unit:		oh Assignment: 9	9999 Uners	
Infraction Number(s)	& Name(s) 4208	Insulen	••	1777 Uners	reigned.
	4212		amplina w	ith lucking	- de aria
	4213		immediate		meles.
C. COMP.				6	٠
Staff Witness: 1.		Other	Inmates involved 1.	Cox, 133	0574
2			2.	·	
Description of Violati	on: (who, what, why, v	where when and how	n)•		
las to Te	Thetford was		<u> </u>	10° 1°+	11" to
rlmanute Cax	commute to	ngelleny, o	well now ,	2 billing	n i se
den damete	11 17 7		v stop kie	The Micking	fris
closmute W	Tetlorel diel	not stop ye	The state of the	bing yer	any
		www. warpinge	sung i succi		
					,
					
<u></u>					
		·			
					
					
		····			
REPORTING STAFF	MEMBER: Nicha	La Mas	2	11 m	
	12	Print Name)		Sign Name)	
Supervisor Review:	- 5 Kell	7 mighto	100		<u>-</u>
	المست	(Print Name)	4	(Sign-Name)	
	Pre-Hearing Confinen	nent 🔲 Release	e to Previous Status	∠ Other	
Reason: Currently	in SMC Cell				
I have reviewed this report for	legibility, completeness, correct	ness of charge, and to ensure	all necessary information is	attached (evidence incident/w	itness sanorts
etc.) SSG		0		and ones (evidence, meigenb w	miess reports,
(Shift Supervisor's	Signature)	<u>\$/9/19</u>	(Warden or D	esignee Signature)	/
	Notice	OF HEARING/PREHE	ARING ACTION	esignee orginitate)	(Date)
I have received a copy of this n 1. Hearing Date: 05 / 1	iotice and have been informed o	f my right to attend and preser	it evidence at a hearing.		
2. I understand the charge(s)	Time:	hrs. Place: illy explain the charge(s) to the	inmate)		·
3. I waive my right to a hear	ing? Yes XINo lif yes, have	inmate sign an Agreement/W	niver/Refusal form)		
5. Other pertinent notations:	nesses on my behalf	No It inmate has witnesses, h	ave him/her complete a Wita	ness Request form	1
I understand, if found of	uilty, I will be subject to	imposition of the care	tions as outlined in 41	ho institution 1 to 1	——— J
disciplinary operational	procedure, I also unde	rstand that hy refusing	to sign I am waiving	my hearing my righter	a l
witnesses and witness st	atements, and my right	to an appeal.	Unable	to sign,	× .
Carrelle	elster	05-10-19	- GBIR	YKraus)	
(St	aff Signature)	(Date & Tim	e) [[[]	(Inmate's Signature / HD#)	

Attachment B

MSP 3.4.1, Institutional Discipline

LHUI/MAX/74777 11 nassigned

COOI @ INH ,

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP Output Outp

DISCIPLINARY HEARING DECISION

E E E E E E E E E E E E E E E E E E E
MAJOR MINOR .
Inmate's Name: Whitford Makue yapee ID# 3015941 Date: 5/15/19
Infraction Number(s) & Name(s) 4208 - Insolance 4212 - Tampering ullocking device
Infraction Number(s) & Name(s) 4208 - Insolence 4212 - Tampering whocking device I do understand the violation I do not understand the violation - additional action taken
Continuance granted to Date: / / By: 4213. Refusing a
Reason:
Plea: Guilty Other:
Inmate's Statement: Not Making A plea I WANT Access To legal
INDRARY TO PREPARE MY DESENSE I'M NOT MAKING A STATEMENT
The gotter No RESPONSES FROM law labrany.
Evidence Provided: The pert Report
Findings:
Evidence Relied On: INCLINENT REPORT
The state of the s
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 4208, 4212, 4213 Aggragated \$1000 fine; Refer to
UMT
D () () () ()
Reason(s) for findings:
The UNIT
Jomas Willow 5.16.19 Pertanell
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
SIDO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s).
DI DO NOT WISH TO APPEAL,
Inmate's Signature / ID#:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
Copies to: Records (White) Parole Board-Majors only (Yellow) Hoysing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

	Disciplinary Appeal		
	(Major infractions only)		
Inmate's Name: Whit	Ford, MAKUREYAPER ID#	3015941	
Date: 5 /15/19 Infrac	tion(s): 4208; 4212; 4213		
Disciplinary Hearing Decision			
	y one, two, or all three of the following a		e DHO or DHI.
1. There was no evidence or	documentation to support the decis	sion.	
2. Required disciplinary pro	cedures were not followed		
Boguestad as	act desaled anno	track to to	pre par
Jense - No Acc	nd dented oppro	De OF PALC	res Ru
1	a Danted Continua		1-1
3. The sanction(s) is excessi			
\sim	4		
1)	5 12712019		
Inmate Signature	Date		
		30000	
	VARDEN OR DESIGNEES RES	PONSE	
Warden or designee:			NO [
	and documentation to support the t nce with applicable disciplinary pr		NO 🗆
	roportionate to the rule violation(s	-	NO 🗆
ie the surrenon(s) imposed p.	oportionate to the rate violation(s	7.	110 🗖
Decision:	1		
Affirm. I uphold the	decision of the DHO and the sanct with the actions of the DHO and di	tion(s) imposed.	
	e decision of the DHO, but the sanction		level shall be
Reduced sanction		цэ/ ипроэси от ингасиот	i ievei siian be
☐ Suspended sancti			
Written justification for t		+ Mecassum.	internal
Matter. Filless +	S LAW LIBRARY IS NO	Mecassum,	
		Designes Cimpatums	S 131/1
Conjector 1 Post 1 (-12)		Designee Signature	Date
Copies to: 1. Records (white)	2. Parole Board (yellow) 3. Housing U	mit (pink) 4. Inn	nate (goldenrod)
	OW/>		
Revised October, 2009	MSP 3.4.1, Institutional Discipline		achment I

STATE OF MUNTANA DEPARTMENT OF CORRECTIONS	
MSP MWP CONTRACT FACILITY:	
(Information and staff signatures on this form must be legible) MAY 0 8 2019	
MAJOR MINOR	
DISCIPLINARY	
Inmate Name: Whitford Makueeyapee ID# 3015941	
Last name First Name	
Date: 5-6-2019 Time: Approx 1100 Place of Incident: LHU-1 LA Shower -	_
Room/Cell: LA-7 Housing Unit: LHU-1 Job Assignment: 99999 Unassigned	_
Infraction Number(s) & Name(s) 4111 Assaulting any other person, to include	-
Causing body thirds to come in Contact	-
with another.	_
	- 1
Staff Witness: 1. To Coulombe Other Inmates involved 1. None,	
2. U.m. Garland 2.	-
- turn equitaria	-
Description of Violation: (who, what, why, where, when and how): While how he had in the	0
blocks lower fier shower, In Whitford Dugged the	
drain while turning the water on token the	
the allowed and caused the writer to flood the.	
degreen. To Cowlombe was in front of the LAT and LAS	
Cells trying to guide the water to a drain, when	
I walked out of the LA-8 cell and directly in front	-
pt the shower stall. In Whitford took this Gorantun	P.F.
to kick that urine contaminated water (w) the side of the	pol
on both to Coulombe and muself. I was completely	
socked on my lett side and back, to the skin; go could	po
was also significantly west, as we took two large volum	es
of three water before we could more out of range. EOR	
REPORTING STAFF MEMBER: Sot ham Josh Sot Tour Soll	
(Print Name) Sign Name)	-
Supervisor Review:	
(Print Name) (Sign Name)	
Inmate Status: Pre-Hearing Confinement Release to Previous Status Other	
Reason: currently on BMP	
I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports,	*
etc.)	
(Shift Supervisor's Signature) (Date) (Warden or Designer Signature) (Date)	_
(Shirt Supervisor's Signature) (Date) (Warden or Designee Signature) (Date) NOTICE OF HEARING/PREHEARING ACTION	
I have received a copy methis to be and have been informed of myright to attend and present dyide ee at a hearing.	
1. Hearing Date:/	
3. I waive my right to a hearing? Yes (if yes, have inmate sign an Agreement/Waiver/Refusal forth)	
4. Present evidence and witnesses on my behalf Sees No If inmate has witnesses, have known a witnesses of the complete a witnesses of the comp	
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to	
(witnesses and witness statements) and my right to an appeal	
4 Klullika 50 1012 unable to sian	
(Staff Signature) (Date & Time) (Inmate's Signature 40#)	
21 keolits	

Attachment B

MSP 3.4.1, Institutional Discipline

	MSP MWP DISCIPLINARY INFR	CONTRACT F	And the first of the fact that the first of	ARING MAY	0 7 2019 PLINARY
Date: 5/6/19 Room/Cell:	Whitford Last name Time: 1246 Housing Unit: S) & Name(s) HIII '. OSSA	Place of Incide	First Name nt: LA Daysom Job Assignment: Uns	ID# 30	594 *
I Yo Halcott	to Pacha to Coulomb ation: (who, what, why, when was in A-block 1. Makueayapee #3 + me in the chest	re, when and ho	by the lower	re dute as	
REPORTING STAI	FE MEMBER: S. Hall	R		21/107	
Supervisor Review: Inmate Status:	11	(Print Name) (Print Name) (Print Name)	se to Previous Status	(Sign Name) (Sign Name) Other	ashi-
(Shift Superviso I have received a copy of the 1. Hearing Date: 2. I understand the charg 3. I waive my right to a 14. Present evidence and v 5. Other pertinent notation	NOTICE OF I is for any layer been informed of m Time: e(s)?	(Date) HEARING/PREHI right to attend and gres right and the charge(s) to the sign an Agreement finmate has with sses,	(Warden or Design EARING ACTION Introduction at a hearing. The inmate). Valver/Refusal form) have him/fercompleted Withess	Refuest form	(Date)
disciplinary operatio	d guilty, I will be subject to im nal procedure. I also understant tratements and my right to a (Staff Signature)	nd that by refusing appeal 10 5 B 10 10 10 10 10 10 10	g to sign I am waiving my S ne) (In	nstitutional inmate hearing, my right to bloom bloom nmate's Signature / ID#)	gn

Attachment B

MSP 3.4.1, Institutional Discipline

MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR MINOR
Inmate's Name: Whitford, Makuee Masee ID# 3015941 Date: 5.13.19
Infraction Number(s) & Name(s) 4111 - ACCOUNT
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: / By:
Reason:
Plea: Guilty Not Guilty Not Guilty Mother: Didnot affending. Inmate's Statement:
Initiate's Statement:
Evidence Provided: intraction report, incident reports
Eindings (III)
Findings: Guilty of # 4111
Evidence Relied On: 10 trachon report, incident reports
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 50.00 fine
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 50.00 1700
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Befer to Investigations CC
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Befer to Investigations Reason(s) for findings: Official rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Befer to Investigations CC
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Befer to Investigations Reason(s) for findings: Official rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Befer to Investigations Reason(s) for findings: Offender threw an unknown Uquid Substance on Staff. Noman James 5.13.19 Allanucky 5.13.19
Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Befer to Investigations Reason(s) for findings: Offender threw an unknown Uquid Substance on Staff. Administrative review / Date Administrative review / Date Administrative review / Date Offender threw an unknown Gisciplinary Hearings official / Enit Disciplinary TEAM
Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): **Befer to Investigations** Reason(s) for findings: **Coffender threw an unknown unknown staff.* **Coffender threw an unknown and substance on Staff.* **Administrative Review/Date** **June 18 June 1
Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): **Pefer to Investigations** Reason(s) for findings: **Defer to Investigations** **Perioder Hivew an unknown** **Defer to Investigations** **Defer to Investigat
Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): **Reason(s) for findings: **Offender Hovew an unknown **Defender Hovew an u
Reason(s) for findings: Coffee Manuel Control of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Reason(s) for findings: Coffee Manuel Control of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Reason(s) for findings: Offender Hyew an unknown Administrative review/date I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

MSP 3.4.1, Institutional Discipline

EXHIBIT D EXHIBIT D Effective January 17, 2017

Attachment C





Statement of Incident

Title: Whitford	, MBMP Level 1_Re	estart		Stateme	ent #: 2654
Incident Date:	05/06/2019	Incident Time:	10:35 AM	Statement 1	Date: 05/06/20
Jurisdiction: N	Montana State Prison				
Incident Scene	e				
Incident Occur	red at Facility? Yes	1			
Location: Mor	ntana State Prison/Ma	aximum Security/L	ocked Housing Unit 1	/A/LOWER/7	
Summary of Ir	ncident	_			
could get a drin quickly and it im preparation for	dvantage of staff and k, wash his hands an mediately began to this moment. His belncident (1035 hrs.).	d/or flush his toilet lood. It is apparen navior is unaccepta	. After filling a cup wi t that Whitford had pi	ith water, he flushe reviously plugged th	d the toilet 2x ne toilet in
Involved Pers	ons		<u></u>	<u> </u>	
Category	Person	Nar	rative		· ·
Staff	Halcott, Stephen				
Staff	Coulombe, Zachary				
Offender	Whitford, Makueeya 3015941	•			
Source and Do	ocumentation				·
Confidential In					
	ource: Staff - Halcot	t, Stephen			-
Reporting Stat	ff: Pasha, Larry	\mathcal{O}	Title: C	orrectional Officer	sgt .
Signature:	Sot. Zau	y Yasha	Date:	5-6-20	19
Notes	801-			,	
	ssociated with this In	cident Statement	<u>-</u> -		· · · · · · · · · · · · · · · · · · ·
NOTE: Super	/isors must reviev	all roports for	accuracy before s	igning off	
NOTE: Superv	715015 IIIUST TEVIEV	all reports for	accuracy before 3	igning on	
Supervisor Re	view and Remarks:	Reuseuse	/ Drstribut	col	•
					, ,
Supervisor Na	me: <u>W (acs</u> a	<u>~</u>	Title: _	<i>586</i>	<u> </u>
Signature:	300		Date: _	56-19	
	Place an X next to	those this repo	rt will be distribut	ted to):	·
Helena	a Office	Secu	rity Major	Me	dical
MSP [Outy Officer	´ Unit	Manager	Ma	intenance
Warde	en or Designee	Com	mand Post	Inv	estigator's Office
Deput	y Warden	Inma	te Records File	MC	.Ε ·
Assoc	iate Warden	inma	te Unit File	Sa	fety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2





Statement of Incident

Title: Whitford, MBMP Le	evel 1 Restart
--------------------------	----------------

Statement #:

26545

Incident Date:

05/06/2019

Incident Time:

10:35 AM

Statement Date: 05/06/2019

Jurisdiction: Montana State Prison

Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



		Statemen	t of Inciden	t s'		
Title: Whitford	d, M3015941_Ass	aults Staff_5.06.19	•		Statement #	: 26573
Incident Date:	: 05/06/2019	Incident Time:	12:45 PM		Statement Date	: *05/06/2019
Jurisdiction:	Montana State Pris	on <u>"</u>	,	•	•	, , , , , , , , , , , , , , , , , , ,
Incident Scen	i e			<u> </u>		<u> </u>
Incident Occu	rred at Facility? Y	′ęs	•		÷	
Location: Mo	ntana State Prison/	Maximum Security/L	ocked Housin	g Unit 1/LOV	VER/7/Lower tier sl	hower stall.
Summary of I	ncident			· · · · · · · · · · · · · · · · · · ·		
placed in the si was instructed hostilities and a been urinating so I realized the with his rubber and onto the bisqueegee's to occupied by Wistall with the si showering both	hower, handcuffs so by the floor staff an zero compliance. He into the water while e water level in the shower shoes, blood lock day-room floor direct the water to a hitford it made them de of one of his feet an officers with the w	remove the blockag- till applied to wrists had myself to quit runn le kept his back to the he allowed it to run bottom of the showed cking the water from had drain. As this act per n a target, and he to that a both officers y	wehind the back hing the water in over him, effect over him, effect or was rising an draining. As we dional Officers but both officers ok advantage of t the fuck back were thoroughly	c, Whitford be but the requestively masking that Whitforder began Coulombe as within 8 to of the fact and you mother	egan running the wests were met with er run, and could eing his action. Afte ord was standing or running out of the stand Halcott to use to began kicking were fuckers", fully inten	vater. He verbal asily have or a minute or on the drain shower stall he ower stall ater out of the
me to pull the dinvolved Pers	officers back out of	his range. End of Re	eport	*	; ; ,	• • •
Category	Person	Na	rrative			
Staff	Coulombe, Zacha					
Staff	Halcott, Stephen	·				
Offender	Whitford, Makuee	yapee -				а
	_ <u>3015941</u> <u> </u>					
	ocumentation\	· · · · · · · · · · · · · · · · · · ·		t 1		
	nformant: No					
- j	ource: Staff - Pas		•	Title: Correc	tional Officer Sgt	
Reporting Sta	iff: Pasha Lai					* 4
Signature:	gt. Jan	y skoha		Date: <u>6</u>	May 14	
Notes					· .	* ±
No Notes are	associated with this	Incident Statement				-
NOTE: Super	visors must revi	ew all reports for	accuracy be	efore signii	ng off	
	eview and Remark		/Distri	buted		
Supervisor N	ame: <u>\\</u> (<u>or</u> :	sac		Title:	Sla	·
Signature:{	364210	Ĺ		Date:5	-6-19	
		4h	ha dagaribad ingi	dont or it may	he are of covered All	ctatements of

this incident will be collected and combined into a single incident report.

	STATE OF MONTANA	DEDADTMENT OF	CODDUCTIONS	L
	MSP MWP □	CONTRACT FACILITY:		RECEIVED BY
	DISCIPLINARY INFRACT	TION REPORT / NO	TICE OF HEARING	
	(Information and sta	iff signatures on this form must	be legible)	MAY 07 2019
	MAJOR		The state of the s	
		4		DISCIPI INARY
Inmate Name:	hitford	1104	110000	DISCIPLINARY ID # 3015941
Milate France.	Last name	First	Nama	10 # 3010 / //
Data 5/10	Last name	CI	Name	
Date: 3/16/19	Time: 1035 Plane Housing Unit: 1 HU	ace of Incident: 240	1 Ce11 # 2A7	A STATE OF THE STA
Room/Cell: LA7	Housing Unit: LHU	Job Assig	nment: unassigned	99999 #
Infraction Number(s)	& Name(s) 4210: Destroy	ing A Herms, or dam	laying facilities amor	the orthe organia
	of anther De	son, including +	lood	
	of chorse fer	Son, Michally 4	Cedang	
			11/2	
Staff Witness: 1.	lo Coulombe	Other Inmates	involved 1. UA 2. UIA	
2.	1/10		2 1/10	
	MA	_	- 70/17	
Description of Violet	ion (who what why who w		1 1 11	
Description of violati	ion: (who, what, why, where, w	nen and now): On	he above cooke an	d time I 40 Halcon
Went ando A-6	plack to allow inmate palet wash his heads, and flushed traice, the rand other items t	Whitford Mab	(veeyable # 3015	341 the offertunity
to Clush his to	plet wash his heads	and act a down	ok of mater He	Stood in front
of his Jollat a	A Shorted describe	a seed and t	san Wal la b	and Deckal eller 1.1
sulf I lat a sa	na Flored Trance, the	n marea and I	JAW THAT NE	the parked the ton
DIAN TOTAL DUDE	r und owner items t	& cause the wa	ter to over + 10c	sand I had /c
-outombe tur	n of the water, in	marke whiteland	then threw th	ie rest of the
Lup of water	he was given to add	to the water	on the floor a	nd went back
to kying on h	is hed.			
0.9		ND:		
		11		
		,		
	- 11 1 1	1	1 011-	*
REPORTING STAFF	MEMBER: S. Halcot		1/1/18	
		rint Name)	Sign	(Name)
Supervisor Review:	200	nid deshi	Sont X	(dalla)
ouper risor rectient.	agr. Ray	rint Name)	- 1907 Ye	n Name)
	· ·		1 - 1	1 1
Inmate Status:	Pre-Hearing Confinement	Release to Previ	ious Status	Other
Reason: Currently	on detention status -	restorted on le	DMA I low	
1				
I have reviewed this report for	legibility, completeness, correctness of cha	rge, and to ensure all necessary	information is attached (eviden	ce, incident/witness reports,
etc.)				
Soular		5/6/19	av (B)	_ / /
(Shift Supervisor's		(Date)	(Warden or Designee Signatur	re) (Date)
	NOTICE OF HEA	RING/PREHEARING A	CTION	
1. Hearing Date:	of each law been informed of my right t		at a hearing.	
	Time:	Place: CTCI		
3. I waive my right to a hea	ring? Yes No (if yes, have inmate sig	n an Agreement/Waiver/Refus	Morney 1	
4. Present evidence and with	nesses on my behalf. Wes No If inma	te has witnesses, have him/her	comprete Wilms Rendstron	for A
Other pertinent notations		OTOT	- Undille	
Lunderstand if found	guilty, I will be subject to imposit	ion of the senations	outlined in the in-tite of	al in mate
disciplinary operations	I procedure I also understand the	not by refusing to a	am maining the institution	ai inmate
witnesses at the A	ll procedure. I also understand the	at by refusing to sign I	am waiving my nearing,	my right to
The state of the s	rayuran, and my right to an ap	real In 16	1001-1-1	- 1.0.
- W 11 V 11 V 11 /	11.11	2.8(111)	11111010-	1 Man
7	taff Signature)	(Date & Time)	(Inmate's Sig	osign

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MINOR [1a Dee ID# 301594 | Date: 5·13·19 Infraction Number(s) & Name(s) I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN Continuance granted to Date: Reason: Bid not attend Plea: Guilty ☐ Not Guilty Other: **Inmate's Statement:** intraction report, incident reports **Evidence Provided:** Findings: ☐ Not Guilty of # raction report, incident report .For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: (Circle number of prior guilty decisions within the timeframe [not each rule violation]—Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). 🕍 I DO NOT WISH TO APPEAL Inmate's Signature / ID#: Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline



Statement of Incident

Title: Whitford	Flooding LA-7	•		Sta	tement #:	26547
Incident Date:	05/06/2019	Incident Time:	10:35 AM	Statem	ent Date:	05/06/2019
Jurisdiction:	Montana State Prisor	1	•			
ncident Scen	e -					
Incident Occu	rred at Facility? Yes	5				
Location: Mo	ntana State Prison/M	aximum Security/L	ocked Housing	Unit 1/A/LOWER/7		
Summary of I	ncident					
Makueeyapee's previous floodir C/O Coulombe Whitford flushe flooding and I C of inmate Whitf	s AO 3015941 watering incidents. C/O Hal turned on the valve f d his toilet once and C/O Coulombe shut o	to allow him to flus cott opened the fo or the toilet and to then immediately f ff the valve for the vater on the floor is	th his toilet. Innod slot and gaveld inmate White lushed it again toilet. I C/O Conside of the cel	in C/O Halcott to turn of nate Whitford is on a way inmate Whitford a coord to go ahead and for C/O Halcott informed bullombe observed ward. I C/O Coulombe and	vater restri up of wate lush his to I me that h ter on the f	ction for or, while I ilet. Inmate ie was loor outside
nvolved Pers	óns	·	·			
Category	Person		rrative			
Offender	Whitford, Makueeya	ipee - Flo	oding in cell.			
Staff	Halcott, Stephen		atched inmate V	Whitford flood.		
Staff	Coulombe, Zachary	Tù	rned off inmate	Whitford's water.		
Source and D	ocumentation					
Confidential I	nformant: No					
Information Se	ource: Staff - Coulo	mbe, Zachary				
Reporting Sta	ff: Coulombe, Z	achary .	. 1	itle: Correctional Offi	cer	
Signature:	mall a	LH)ate: <u>೧೯-೧6 - ೭</u> ೦	17	
Notes	,					
	ssociated with this in	cident Statement				
	•		eeeuroou bo	fore planing off		
NOTE: Super	visors must reviev	wall reports for	accuracy be	iore signing on	-	
Supervisor Re	eview and Remarks:	Reviewed	/ Distrib	nted		
				55.4		
Supervisor Na	ime: W Os	<u> </u>		itle:		
Signature:	36 a De			Date: <u>5-6-19</u>		
Routing List (Place an X next to	those this rep	ort will be dis	stributed to):		
Helen	a Office	Sec	urity Major		Medical	
MSP	Outy Officer	Unit	Manager		Maintena	псе
Warde	en or Designee	Con	nmand Post		Investigat	tor's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Whitford Flooding LA-7	•	Statement #: 26547
Incident Date: 05/06/2019	Incident Time: 10:35 AM	Statement Date: 05/06/2019
Jurisdiction: Montana State Pr	ison	
		
•	•	
	2	
Deputy Warden	Inmate Records File	MCE
Associate Warden	Inmate Unit File	Safety Committee
Other		

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING MAY 06 2019 (Information and staff signatures on this form must be legible) MINOR DISCIPLINARY First Name ID# 30/584/ WHITFORD Inmate Name: Last name Date: 5-5-19 Time: 1515 Place of Incident: LAL LHU! Room/Cell: LAL Housing Unit: LHU! Job Assignment: 91999 WHASSIGNED Infraction Number(s) & Name(s) 4210 Flood: 1 Staff Witness: 1. LT Jamieson Other Inmates involved 1. 2. Description of Violation: (who, what, why, where, when and how): Just AFTEN WHITFORD HAD BEEN RETURNED TO HIS CAN LAZ BY IPS, I LEARNED WHITFORD WAS TO BE PLACED ON BOOP STEP !. THE INTER! ATTEMPT TO gATA COMPHANCE FROM WHITFORD WAS UNSUCCESSFUL. ABOUT 1530 LT JAMISON CAN TO THE LENGT. AN WE APPROCHED A Block I OBSERVED WATER COMPAL FROM LAZ. WHEN WE ARRIVED TO THE LAL DOOR WHITFORD REMOVED ITS DAM AND WATER GUSHED OUT, AFTER SOME ANCUSION BETWEEN LT JAMISON AND WHITFORD AGREED TO MOVE TO LA) + WAS GIVEN THE APPROPRIATE BMP CLOTHING + BEDING. END OF REPORTE REPORTING STAFF MEMBER: SOT HOTCHHIS Supervisor Review: (Print Name) (Sign Name) Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status Other | Reason: Inmate Placed Step 1 BM I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all rece (Date) NOTICE OF HEARING/PREHEARING ACTION I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate witnesses and witness statements, and my right to an appeal disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to

Attachment B

(Staff Signature)

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP ★ MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MINOR CC110DCCD#3015941 Date: 5.13.19 Inmate's Name: Infraction Number(s) & Name(s) ☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN Continuance granted to Date: By: Reason: Dother: Refused to be served Plea: Guilty ☐ Not Guilty **Inmate's Statement:** Findings: ☐ Not Guilty of # Evidence Relied On: For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: (Circle number of prior guilty decisions within the timeframe [not each pule, violation]. Find grid level to use by adding current & prior guilty decisions) Sanction(s): Reason(s) for findings: ADMINISTRATIVE REVIEW / DATI ER/ UNIT DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. ☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). TI DO NOT WISH TO APPEA Inmate's Signature / ID#: Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink)

Attachment C

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

Inmate (Goldenrod)





Statement of Incident

			Statement #:	26529
Incident Date: 05/05/2019 In-	cident Time:	03:00 PM	Statement Date:	05/05/2019
Jurisdiction: Montana State Prison				
Incident Scene				
Incident Occurred at Facility? No				
Location:				
Summary of Incident				
On the above date and approximate time whitford # 3015941 was covering his will whitford if he would uncover his window SGT. Hotchkiss. After that we started started in his cell in lower A-2. Whitford where it took us out of our natural duties.	ndow and broke and he said no nowers on the of flooded the blo	e his tray from lunc o, He said he would other side, when we	h. I went on to the block and I like to talk to a SGT, I said got done doing showers, V	d asked I will go get Vhitford
Involved Persons				
No Individuals are associated with this I	ncident Statem	ent		
Source and Decumentation				
Source and Documentation Confidential Informant: No				
Information Source: Staff - Arneson,	Jerod			
Reporting Staff: , Arneson, Jerod		Title:	Correctional Officer	
1 1				
Signature: Jersel Hemo	sen	Date:	5-5-19	
Notes		Date:	5-5-19	
No Notes are associated with this Incide	ent Statement			
Notes	ent Statement			
No Notes are associated with this Incide	ent Statement I reports for	accuracy before		
Notes No Notes are associated with this Incide NOTE: Supervisors must review al	ent Statement I reports for	accuracy before	signing off	
Notes No Notes are associated with this Incide NOTE: Supervisors must review al Supervisor Review and Remarks:	ent Statement I reports for	accuracy before	signing off	
Notes No Notes are associated with this Incide NOTE: Supervisors must review al	ent Statement I reports for	accuracy before	signing off	
Notes No Notes are associated with this Incide NOTE: Supervisors must review al Supervisor Review and Remarks:	ent Statement I reports for	accuracy before Title:	signing off 567 5-5-19	
Notes No Notes are associated with this Incide NOTE: Supervisors must review al Supervisor Review and Remarks: Supervisor Name:	I reports for	accuracy before Title:	signing off 567 5-5-19	
Notes No Notes are associated with this Incide NOTE: Supervisors must review all Supervisor Review and Remarks: Supervisor Name:	ose this repo	accuracy before Title: Date: ort will be distrib	signing off S67 3-5-19 uted to):	
No Notes are associated with this Incide NOTE: Supervisors must review al Supervisor Review and Remarks: Supervisor Name:	ose this repo	accuracy before Title: Date: ort will be distrib urity Major Manager		nce
No Notes are associated with this Incide NOTE: Supervisors must review al Supervisor Review and Remarks:	ose this reports Secu Unit Com	accuracy before Title: Date: ort will be distrib urity Major Manager	signing off S67 S-5-19 uted to): Medical Maintena	nce
No Notes are associated with this Incide NOTE: Supervisors must review al Supervisor Review and Remarks: Supervisor Name:	ose this reports Secu Unit Com	Title: Date: ort will be distriburity Major Manager mand Post ate Records File	signing off S67 3-5-19 uted to): Medical Maintena Investigat	nce or's Office

	STATE OF MUNTA	NA DEPARTMENT OF COR	RRECTIONS	RECEIVEDAY
100		CONTRACT FACILITY:	diborrorio	
	DISCIPLINARY INFRA	ACTION REPORT / NOTICE		MAY 0 6 2019
	(Information an MAJO	nd staff signatures on this form must be legib OR MINOR	le)	DISCIPLINARY
Inmate Name:	WHITFORD	MAKUELYAP First Name	EE ID	# 3015841
Date: 5-5-1		Place of Incident: L Hul		
Room/Cell: 4	Housing Unit: LH		99999 WNA	occil was n
		FUSIAL TO immediate)	2 OBEN 4 DI	LEUT palentiamen
	420 01	STROYTH FACTITY Pro	Penty.	
				-
Staff Witness: 1. 2.	NA	Other Inmates involv	red 1.	•
2.	,		2	
Description of Vic	olation: (who, what, why, wher	re, when and how): Destal	10 TO 2 WO S.	HIFT PASS DIW
I was inten	MED INMATE WHITH	FORP HOPT AND BROW	& ATS LUNCH	TRAY AND
coverso As	DOOR WINDOW.	ABOUT 1415 I W	ENT TO WHIT	FORD CEIL
AND GET HYM	To LENCOVER THE L	USNDOW UNIS/ HE O	etermined I	UAS NOT GOTAL
TO PROUTOS A	I'M WITH It'S DEMAN	pas of 1664/ Papen won	A AND TO TOLK	TO A CAPTIAN OR
		N TO WHITFORD FOR		
		D SLOT AND I WOULD		
		HITFORD REFUSED TO		
		emmaro Post was n		
		Broken Tray Pieces		
		SHEET THAT ARE THED		
	- INTO HES COM. E.			
REPORTING STA	AFF MEMBER: C47	HOTENAIS	8- nd	
TEL ORTHOUSE	AT WENDER.	(Print Name)	(Sign Nar	ne)
Supervisor Review	v:			
		(Print Name)	(Sign Nan	ne)
	Pre-Hearing Confinement	Release to Previous St	tatus 💆 Ot	her
I have reviewed this report	rt for legibility, completeness, correctness of	of charge, and to ensure an necessary intorna	ation is attached (evidence, ir	cident/witness reports
etc.) / 4 (33/	- (// al	-	010
(Shift Supervis	sor's Signature1	5/5/15 (Date) (Ward	len or Designee Signature)	(Date)
	7	HEARING/PREHEARING ACTION	The second secon	(Date)
	this notice and have been informed of my r	right to attend and present evidence at a heari	ing.	
Hearing Date: Junderstand the cha		plain the charge(s) to the inmate).		
		te sign an Agreement/Waiver/Refusal form)		1
	d witness on my behalf. Yes No If	inmate has witnesses, have him/her complet	e a Witness Request form	
	1000	recipient of		
I understand, if fou	nd guilty, I will be subject to imp	position of the sanctions as outline	d in the institutional i	nmate
witnesses and witne	ional procedure. I also understances statements, and my right to an	nd that by refusing to sign I am wa	living my hearing, my	right to
Meson with	so statements, and my right to al	56-1970M Dal	in al hart	10 BLO RMP
10000	(Staff Signature)	Jan Ku	1000 TO SIC	n an ioi

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION
Inmate's Name: Whitoyd Makuelya dee ID #3015941 Date: 5.13.19 Infraction Number(s) & Name(s) 4213-Ref. an Order; 4210-Dest. Properto I do understand the violation I do not understand the violation Additional action taken Continuance granted to Date: / By: Reason:
Plea: Guilty Not Guilty Dother: Refused to be Served Inmate's Statement:
BUP, photo
Findings: #Guilty of # 4213/432 Prop. under \$25.00 Evidence Relied On: Infraction report, in cident report, BMP, photo
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 G) Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Refer to use by adding current & prior guilty decisions). PRESTITUTION for tray = \$13.60 \$ Sheet: \$5.15
Reason(s) for findings: Als mindow + destroyed a tray + a sheet.
ADMINISTRATIVE REVIEW/DATE DESCIPLINARY HEARINGS OFFICER/WITDISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#: ON OTHER OF THE OFFICE OF THE OFFICE OFF

Attachment C

Copies to: Records (White)

MSP 3.4.1, Institutional Discipline

Parole Board-Majors only (Yellow)

Effective January 17, 2017

Inmate (Goldenrod)

Housing Unit (Pink)





Statement of Incident

Title: Whitford BMP		Statement #: 26525
Incident Date: 05/05/2019 Incident	Time: 04:00 PM	Statement Date: 05/05/2019
Jurisdiction: Montana State Prison		
ncident Scene		
Incident Occurred at Facility? Yes		
Location: Montana State Prison/Maximum Se	ecurity/Locked Housing Unit	1/A/LOWER/2/LHU1 LA2 to LHU1
LA7	rounty, accined violating crim	
Summary of Incident		
On the above date at 1330 I Lt. Jamieson recei #3015941 had broken his food tray and covere inmate Whitford to cuff up and removed the brothen flooded that cell. I went to LHU1 and talke 1 in LA7. After moving inmate Whitford he told Hotchkiss were notified that Whitford claimed hovolved Persons	d his window. IPS was called oken tray from LA2. Inmate V d inmate Whitford into cuffin me that he swallowed parts	d to LHU1 and were able to get Whitford was then returned to LA2 and g up again and placed him BMP Step of the broken tray. Infirmary and Sgt.
200-000-000-00-200-00-00-00-00-00-00-00-	Newstire	
Category Person Offender Whitford, Makueeyapee -	Narrative	
3015941		
Source and Documentation	44.048.4822642443	
Confidential Informant: No		
Information Source: Staff - Jamieson, Ben		
Reporting Staff: Jamieson, Ben	Title: 0	Correctional Officer SupMgr
Signature:	Date:	5-5-19
	Date	0 0 1
Votes		
No Notes are associated with this Incident State	ement	
NOTE: Supervisors must review all report	rts for accuracy before s	signing off
	2. 1. 5.1.1	1. /
Supervisor Review and Remarks:	eviewed + Distail	Jes
Supervisor Name: _ 559 B.M.Ile-	Title	551
Supervisor Name. 339 p.m.m.		37 17 19
Signature: SSG B MUZ	Date:	5-5-19
Routing List (Place an X next to those th	is report will be distribu	ted to):
Helena Office	Security Major	Medical
MSP Duty Officer	_ Unit Manager	Maintenance
Warden or Designee	_ Command Post	Investigator's Office
Deputy Warden	_ Inmate Records File	MCE
Associate Warden	Inmate Unit File	Safety Committee
Other	ALCOHOLD THE AREA	·

MSP Incident Report for BMP Activation

1.	Inmate: Whitford, Makueeyapee	3015941	<u>Max</u>
,	. Name	AO/ID number	Classification
2.	Location: LHU-I X cellblock:	A-Block LHU-II 🔲 cellblo	ock:
3.	Is this inmate on the current BMP of	elearance list? YES X	ио 🗆
	Start date:1/10/19	End Date:7/10/19 te a section G.	· · · · · · · · · · · · · · · · · · ·
4. 5.	Date and time of incident: 5-5-19 Nature of incident: Inmate-on-inmate assault	,1600 Inmate-on-staff assault X F	looding cell
	X Destruction of state property	Inmate threatened Self harm	
broke. becar	ription of incident: Inmate had covered /held his food tray hostage. IPS had to reme cooperative when IPS asked inmate to led him to LA2. Inmate Whitford then Floor	port to the unit to remove the inrocuring the information of the contract of t	mate from his cell. Inmate ate Whitford's tray and
6.	Use of Force required? If use of force was required was it (for details refer to Use of Force In	<u> </u>	Calculated?
7.	Name of the Command Post staff n Lt. Ben Jamieson	nember who was contacted reTime this person was co	
8.	Placement: Remain in current cell Isolation cell	X Pre-hearing Confinement pe	ending further review
9.	Did the Shift Commander notify th AWarden (Godfrey) or On Duty		
	Lt. Ben Jamieson/		5/5/19 Date
	•		
	MSP 3.5.5, Behavior Management Plans	Attachment C	Effective November 16, 2009

				BMP
	STATE OF MONTA	NA DEDADTMEN	T OF CORDUCTIONS	197
			T OF CORRECTIONS	RECEIVED BY
	MSP MWP	CONTRACT FACIL	ITY:	MAY A COM
		ad staff signatures on this for	NOTICE OF HEARING	MAY 0 6 2019
	MAJO			DISCIPLINARY
Inmate Name:	Whitford Last name	Mak	veeyable	ID# 3015941
	Last name		First Name	9=10 11
Date: 5/5/19	Time: _1230	Place of Incident:	LHU-1 Lower	ABlock
Infraction Number	Z Housing Unit: LHU r(s) & Name(s) 47.17- Tam 4720- Hine	Job A	Assignment:	
miraction Number	(s) & Name(s) 4212- 1am	pering with a	a locking devi	ce
	4200 Hine	dering or in	apeding State	· · · · · · · · · · · · · · · · · · ·
Staff Witness: 1.		Other Inn	nates involved 1.	
2.			2.	
D			~ ·/ ·	
Description of Vic	olation: (who, what, why, where	e, when and how):	In the about	e date and
time I	% Moderie wa	as in 4	he LHUI M	ain cage when
74 Whitto	rd, M asked me	to ask	Sgt. Coughlin	about his
	erty I informe	a rim The	at his prope	ity was not
his Food		+ this to	me, he sto	rted slamming
COIL T		hing Kickin	+10	
October	informed him	that ;	he did	nt stop his
	he would recib	ve a win	teup. Ite tol	d me shut
	p. I don't care			
on his			Hay into	the window
		a Hempi	ro orear	The glass,
	EOK.	-		
Law Constitution and	, , , ,		1//	
REPORTING STA	AFF MEMBER: Mode	ale	de la	
Supervisor Review	- Fill	(Print Name)	(Si	gn Name)
Supervisor Review	· Spelle	(Pripit Name)	- XQ]	ah Name)
Inmate Status:	Dra Haning Carfinanat		1	
Reason: O//		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Previous Status	Other
	4			
I have reviewed this repor	t for legibility, completeness, correctness of	charge, and to ensure all nec	essary information is attached (evide	nce, incident/witness reports,
14 Dun	Suran 95	51519		1
(Shift Supervis	or's Signature)	(Date)	(Warden or Designee Signati	ure) (Date)
I have received a convert	NOTICE OF H	EARING/PREHEARIN	G ACTION	
1. Hearing Date:	this note and nove been informed of my rig	sht to attend and present evid	ence at a hearing.	
2. I understand the char	ge(s)? No (if no verbally expl	lain the charge(s) to the inma	te).	
4. Present evidence and	hearing? Yes No (if yes, have inmate witnesses on my behalf. Yes No If in	nmare has witnesses have his	Refusal form) m/her complete a Witness Request fo	rm
5. Other pertinent notati	ions:	DIOCK,	Colly like	
I understand, if four	nd guilty, I will be subject to impo	osition of the sanction	s as outlined in the institution	nal inmate
disciplinary operation	onal procedure. I also understand	I that by refusing to si	gn I am waiving my hearing	t, my right to
witnesses and witnes	ss statements, and my right to an	appeal.	1100 110 1	on dearta
4 Maran	(Staff Signature)	J le Victor	Mual 10 3	ull della
	(Same digitation)	(Date & Time)	(Infmate's Si	gnature / ID#) Oy 11

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyapo	ee MSP/DOC# 3015941 Dat	e: 4/29/2019	
Housing Unit: LHU1 ST: F	Peoples UM: Garland		
Separation Needs: ⊠ Atyp	ical designation(s) STG		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 1	/10/2019
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date:	lick here to enter a date.
Mental Health Referral/Contac	ct within the last 30 days	Yes ⊠ No	
Monthly review from MH/The	erapist: Click here to enter tex	t.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Tuener Title	Daile 110 Hard to differen		
Current Level: Level 1	Recomm	nended Completion Level:	Level 5
Summary of current status and found guilty of refusing to sto with a liquid, destroying state be scheduled to move to level and it was decided that they w	ive Behavior ation to Escape ext. Ins Bottom bunk/tier Security Procedures Id recommendations: This review p kicking his door on 4/22/201 property, refusing a direct ord 2 on 7/8/2019 at this time. All will remain in place at this time	ew inmate Whitford was relay, destroyed state documed for a 4/29/2019. Whitford iso, this review Whitford iso, this review Whitford is participate in my locked had been supported by the state of the s	restarted on level 1. Due to being ents on 4/26/2019, assault on staff d will restart level 1 on 5/8/2019 and as security cautions were reviewed
	ne Unit Manager and that if I a		vels due to disciplinary or behavior
Locked Housing Unit ST:	i magnes		
White-Mail	Yellow	-6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D 1 of 2

4.04	,	1		
	/	NA DEPARTMENT O	F CORRECTIONS	RECEIVED BY
1 1	MSP ☑ MWP ☐ DISCIPLINARY INFRA	CONTRACT FACILITY:		APR 30 2019
		d staff signatures on this form mus		10
	MAJO			DISCIPLINARY
Inmate Name:	Whitford, Mak	ueeyapee Fire	t Name	ID# 3015 941
Date: 4-29-2	Last Hame Approx	Place of Incident:		ting Room (West
Room/Cell: LA-	2 Housing Unit: LH	Job Assig	nment: 99999	
Infraction Number		trouging/dama	W 24 11-	
		Ifully damagi		11. 1
	1.5	er security 3		is device, window
			15 1 1	Comment of the land
	TAIS New	using to imn	redicately o	
Staff Witness: 1	76 R. Williams	Other Inmeter	Journal Jo	irect order.
2 6	1/ 0	Other inmates	involved 1.	16
2.	TOB. McGreod		2.	
Description of Viel	DHOC. Klanecky	1 11 1	11 1 1	C 11 -
Description of Viol	lation: (who, what, why, where	, when and how):	mediately	tollowing a
disciplinan	y hearing and	receiving Sever	al "notice	of Hearings"
trom 1140.	Klaneaky, Inmat	e Whitford	attempted -	to make a
phone call	or more on th	e Video drone	hanging e	on the wall of
the visitir	of room, 40 Mel	end notified	me of hi	5 actions, 50
I instructe	ed whitford to	put the of	none down	and to out
his spith	ood on his heo	1, 11 , 1	d me 30 7	I mid blot 7
was aiving	him a direct or	der to get	off the draw	of and out his
spit hand a	ne Looking over	his shoulder	at me, he	stated Cox
war direct	1 // 11	1 1 1	u and mal	10 a alama a a l
90 William	s was able to re	1 10	dans mai	to the callo
command.	post; this propor	1011-1-101	d to come	to the
I requested	4 1 1 1 1 1	- 1	a to come	TO THE GOOT.
The state of the	e he part the s	piritable on i	nis head, h	se aropped it
REPORTING STA	FF MEMBER: Sal 1	no hebo	Sut to	Continued.
	agt. he	(Print Name)	- 091.00	(Sign Name)
Supervisor Review:		1 '		(Significant)
		(Print Name)		(Sign Name)
Inmate Status:	☐ Pre-Hearing Confinement	Release to Prev	ious Status	☐ Other
Reason: Alreac	av Detention.	M	Suspende	_ other
	/	/	1	
I have reviewed this report	for legibility, completeness, correctness of	charge, and to ensure all necessar	y information is attached (ev	inlence, incident/witness reports,
etc.)		4 29.10 Va	- MILLON	428
(Shift Superviso	or's Signature)	(Date)	(Warden or Designee Sign	nature) (Date)
	NOTICE OF H	EARING/PREHEARING A	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	(Ditte)
I have received a copy of the	his notice and have been informed of my rig	ht to attend and present evidence	at a hearing.	
Hearing Date: 5 I understand the charge	ge(s)? Time: And h	rs. Place: //ny		
3. I waive my right to a l	hearing? Yes No if yes, have inmate	sign an Agreement/Waiver/Refus	al form)	
4. Present evidence and	witnesses on my behalf. Yes No If in	mate has witnesses, have him/her	complete a Witness Reques	
5. Other pertinent notation			c reports 3	, ,
I understand, if foun	d guilty, I will be subject to impo	sition of the sanctions as	outlined in the institu	tional inmate
disciplinary operation	onal procedure. I also understand	that by refusing to sign I	am waiying my hear	ing, my right to
witnesses and witnes	s statements, and my right to an		1	
- Cob.Br	(Staff Signature)	4/29/19/17/0	125	
	(Start Signature)	(Date & Time)	(Inmate's	s Signature / ID#)
			11	

Attachment B

MSP 3.4.1, Institutional Discipline

2 of 2

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

×-	. MA	JOR 💆	MINOR		
Inmate Name:	Shitford M	akueeyas	100	ID# 30	15941
		mencegrap	First Name		- 11
Date: 4-29-30		Place of Incider		ting Rm/U	DEST)
Room/Cell: LA-2	Housing Unit:		ob Assignment: 9990		med
Infraction Number(s)			amaging faci		
	4212 W	Silfully don	racing a lark	inco device 1	amondo
	61	other ton	extito safety	device -	
	A213 R	afusing to	modiately	- obey a &	Verbal
			deri 0		
Staff Witness: 1. %	R. Williams	Other	Inmates involved 1. N	ione.	
2.90	3. Mclood	3. PHO	C. Klanecky 2.	,	
	(Cant	inund		v	
Description of Violat	tion: (who, what, why, wh	here, when and hov	v): behind h	im and a	metly
said " NO" +	te was ther	instruc	ted to turn	away /	from
the door,	Kneel on +	the floor	and staff	would con	ne in
and put his	s hood on and	1 take his	n to his cel	I, he said	" no".
When asked	if he was r	refusing a	direct order	he said h	ne was.
I left the	door and str	epped 1740.	the Sergean	to office -	to.
request 1f	5 Assistance	. while sp	acking to the	CP, White	ord
slipped out	of his belly o	hain and	proceeded to	destray the	winder
in the Visiti	ng room door,	and one	of the two w	indows between	been the
EAST and h	leby Visiting &	coms. Com	mand fast:	statt an	d
the 145 to	am were re	quired to	end whit to	rds stand	-011
an with U	nit staff and	A destruc	tive behavior.	EOR	
				- 1	
REPORTING STAF	EMEMBED. L-L1	2000	elas Late	Laure Ad	.)
KLI OKTING STAIT	WEWBER.	(Print Name)	wa ggt o	(Sign Name)	0
Supervisor Review:		(company)	- /	(Sign tunty)	
		(Print Name)		(Sign Name)	
Inmate Status:	☐ Pre-Hearing Confineme	ent Releas	e to Previous Status	☐ Other	
Reason:		To recent	o to 110110tts status	_ outer	
-					
I have reviewed this report for	or egibility, completeness, correctne	ess of charge, and to ensure	all necessary information is attach	ned (evidence, incident/witne	ess reports,
60		7 29/19			1 1
(Shift Supervisor'		(Date)	(Warden or Designe	ee Signature)	(Date)
I have received a serve of this	NOTICE O	F HEARING/PREHE	ARING ACTION		
1. Hearing Date: /	notice and have been informed of r	hrs. Place:			
2. I understand the charge		y explain the charge(s) to th	e inmate).		
4. Present evidence and wi	aring? ☐ Yes ☑ No (if yes, have in itnesses on my behalf ☑ Yes ☐ No	imate sign an Agreement/W	aiver/Refusal form)	Request form	
Other pertinent notation	s: Wants Sta	If and	other sapor	ets3 attac	chemit's
I understand, if found	guilty, I will be subject to i	imposition of the san	ctions as outlined in the ir	stitutional inmate	
disciplinary operation	al procedure. I also unders	tand that by refusing	to sign I am waiving my	hearing, my right to	
witnesses and witness	statements, and my right to	o an appeal.	, ,	- 1	~//
_ 40 B. 7		4/24/19/		1/100	A
()	Staff Signature)	(Date & Tin	ie) (In	inflate's Signature / ID#)	
			.!	1 /	

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MINOR Inmate's Name: ID# 3015941 Date: 05-03 Initford Makuseyaple Infraction Number(s) & Name(s) 4213 Relusin advict order 4212-Damaging ☐ I DO UNDERSTAND THE VIOLATION DO NOT UNDERSTAND THE VIOLATION 4210-Destroying/damaging Continuance granted to Date: By: Reason: Plea: Guilty ☐ Not Guilty Other: **Inmate's Statement:** ffender did not attend **Evidence Provided:** Infraction Report Findings: ☐ Not Guilty of # Evidence Relied On: Infraction Report For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 4 Reason(s) for findings: Offender refuse of his belly ch room DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Immate's Signature / ID#: Oftender did not attend

Attachment C

Copies to: Records (White)

MSP 3.4.1, Institutional Discipline

Parole Board-Majors only (Yellow)

Effective January 17, 2017

Inmate (Goldenrod)

Housing Unit (Pink)



Statement of Incident

Title: Correctional Officer	Stätement #: 26239
Incident Date: 04/29/2019 Incident Time: 09:55 AM	Statement Date: 04/29/2019
Jurisdiction: Montana State Prison	
Incident Scene	
Incident Occurred at Facility? Yes	
Location: Montana State Prison/Maximum Security/Locked House	ing Unit 1/LHU 1 West visiting room
Summary of Incident	<u> </u>
On the above date and time I CO Williams and SGT. Pasha gave i leave the video phone alone in the LHU 1 visiting room, while atter refused to release the phone and put on his spit hood to be escort realized that the phone would not work, due to a phone call to the he came to the visiting room door where he was given a second di Inmate Whitford then began to yell obscenities at SGT. Pasha and his legs. Inmate Whitford then proceeded to swing the chains at the pain and shattering it, before he was taken out by the IPS Team he breaking them too.EOR	nding a disciplinary hearing. Inmate Whitford ed back to his cell. When inmate Whitford Command Post to have the phone shut down, rect order to comply and put the spit hood on. slip his belly chains off his waist and down off e visiting door window breaking the inner glass
Involved Persons	
Category Person Narrative	<u></u>
Offender Whitford, Makueeyapee - 3015941	
Staff Pasha, Larry	
Staff Mcleod, Brian	
Staff Klanecky, Christine	
Source and Documentation	
Confidential Informant: No	
Information Source: Staff - Williams, Ronnie	
Reporting Staff: Williams, Ronnie	Title: Correctional Officer
Signature: Lum B. William	Date: 4-29-2019
Notes 501- Say Jasha	
No Notes are associated with this incident Statement	
NOTE: Supervisors must review all reports for accuracy	before signing off
Supervisor Review and Remarks: Forwardod to	DOC Investigations
Supervisor Name: (Lawb	Title: Coltain
	Date: 4/29/19
Signature/ 1	
Routing List (Place an X next to those this report will be	distributed to): Medical
Helena Office Security Major	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Correction	nal Officer	•	•	Statement #:	26239
Incident Date: Jurisdiction: M	04/29/2019 ontana State Pri	Incident Time: son	09:55 AM	Statement Date:	04/29/2019
	ity Officer or Designee Warden	Com	Manager mand Post te Records File	Maintena Investiga	nce tor's Office
	te Warden		te Unit File	Safety Co	ommittee



Statement of Incident

Statement #: 2024 i
M Statement Date: 04/29/2019
,
using Unit 1/A/LOWER/2/West Visiting room
nate Whitford sign 5 notice of hearing forms for to have him sign the forms he was attempting and he gave the inmate a direct order to get off ck your direct order. C/O Williams called at up to LHU 1. Inmate whitford then became occeeded to beat the chains against the visiting cite glass. He also broke the glass between the n Cpt Lamb and LT Postma they were able to ns again and go back to his cell peacefully.

Title: Correctional Officer
Title: Correctional Officer
Date: 4/39/19
/ before signing off
*
Title:
Date:
distributed to):
Medical
Maintenance



Statement of Incident

Title: Whitford Breaking visiting room glass			Statement #:	26241	
Incident Date:	04/29/2019	Incident Time:	10:00 AM	Statement Date:	04/29/2019
Jurisdiction: M	lontana State Pri	son			
	-		<u> </u>	7	
Warden	or Designee	Com	mand Post	Investiga	tor's Office
Deputy	Warden	Inma	ite Records File	MCE	*
Associa	ite Warden	Inma	te Unit File	Safety Co	ommittee .
Other			•		



Montana Department of Corrections Statement of Incident

Title: Whitford, Makueeyapee 3015941	Statement #: 26243
Incident Date: 04/29/2019 Incident Time: 10:30 AM	Statement Date: 04/29/2019
Jurisdiction: Montana State Prison	
Incident Scene	
Incident Occurred at Facility? Yes	· ·
Location: Montana State Prison/Maximum Security/LHU1 visiting room	n
Summary of Incident	· I
On the above date and approximate time I, Captain Lamb, responded to unit 1. When I arrived at Locked housing unit 1 Inmate Whitford was locked hanging from his hands and with broken glass all over the floor. It visiting room by IPS and taken to the Lower A block showers by IPS. Whand then returned to lower A2 without incident. Whitford's clothes and be evidence and placed in locker Number 1. DOC investigator Crow was caunit 1.	ked in the visiting room with his belly Inmate Whitford was removed from the hitford was strip searched in the shower elly chain and pad lock were logged as
Involved Persons	· · · · · · · · · · · · · · · · · · ·
No Individuals are associated with this Incident Statement	£
Source and Documentation	
Confidential Informant: No	
Information Source: Staff - Lamb, Christopher	,
Reporting Staff: Lamb, Christopher Title	e: Correctional Officer SupMgr
Signature: Dat	e: 4/29/19
	e. <u>1/0 -1/ / / </u>
No Notes are associated with this Incident Statement	
NOTE: Supervisors must review all reports for accuracy before	re signing off
Supervisor Review and Remarks:	
Supervisor Name: Title	e: 4/29/19 (apt.
Signature: Dat	1/29/19
Routing List (Place an X next to those this report will be distri	
Helena Office Security Major	Medical
MSP Duty Officer Unit Manager	Maintenance
Warden or Designee Command Post	Investigator's Office
Deputy Warden Inmate Records File	MCE
Associate Warden Inmate Unit File	Safety Committee
Other	
	•

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 1



Statement of Incident

Title: I/M Whitford visiting room	•	Statement #: 26237
Incident Date: 04/29/2019 Incident	Time: 10:15 AM	Statement Date: 04/29/2019
Jurisdiction: Montana State Prison		<u>.</u> .
Incident Scene		
Incident Occurred at Facility? Yes		
Location: Montana State Prison/Maximum S LA-2	ecurity/Locked Housing l	Jnit 1/A/LOWER/2/LHU-1 Visiting room to
Summary of Incident		:
On the above date and approximate time I, SS is in the visiting room in LHU-1 breaking out the First shift IPS team. When I approached the belly chains dangling in front of him and his speak on for us and let us come in to get him prehood back on, and then I gave inmate Whitford complied. The door was opened and the first that inmate Whitford had cuts on his knuckles were taken of the areas. Inmate Whitford was done and nothing was found. Inmate Whitford	e windows. I left and rest to visiting door inmate With hood off. I asked inmat to perly restrained. Inmated a direct order to kneel of shift IPS team properly reand left knee. Infirmary of then escorted to the sho	sponded to LHU-1 were I meet the rest of thitford was sitting on the stool with his te Whitford if he would put his spit hood e Whitford said he would, put his spit down and cross his feet which he estrained inmate Whitford. It was noted staff cleared inmate Whitford and pictures over were an unclothed body search was
Involved Persons		
No Individuals are associated with this Inciden	t Statement	
Source and Documentation Confidential Informant: No		
Information Source: Staff - Lamb, Christoph	or	•
Reporting Staff: Segovia, Danel		le: Correctional Officer Sgt
Reporting Statt. Segovia, Daner		-
Signature:	Da	te: <u>4/29//9</u>
Notes		
No Notes are associated with this Incident Sta	tement	
NOTE: Supervisors must review all repo	orte for accuracy hefo	are signing off
TOTE: Oupervisors must review an repo	its for accuracy belo	e signing on
Supervisor Review and Remarks: Reune	used Distribu	ted
	1	·
		· · ·
Supervisor Name: W Lossow		le:
Signature: SSG War	Da	te: <u>4-29-19</u>
Routing List (Place an X next to those th	is report will be distr	ibuted to):
Helena Office	Security Major	Medical
MSP Duty Officer	Unit Manager	Maintenance
Warden or Designee	Command Post	Investigator's Office
Deputy Warden	Inmate Records File	MCE
		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2

INMATE: Whitford MakuseyapeeAO#: 3015941 LOCATION: LHUT
4-29-19-4210/4212/4213 4-23-19-4213/4235 4-29-19-4207/4229
HEARING CONTINUATION NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 05/01/19 IS/ARE BEING CONTINUED UNTIL 05/03/19
FOR THE FOLLOWING REASONS: Visiting room is not fixed yet/glass needs replaced
Inmate Signature DATED
Disciplinary Carri Walsted DATED 511/19

HEARING CONTINUATION NOTICE #2
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR IS/ARE BEING CONTINUED UNTIL
FOR THE FOLLOWING REASONS:
Inmate SignatureDATED
DisciplinaryDATED

Revised: Oct 2012

Records (White)

Inmate (Goldenrod)

<u> </u>	\subsection \text{\tin}\exiting{\text{\ti}\tint{\text{\text{\text{\texi}\tint{\text{\texitil{\text{\text{\text{\texit{\text{\text{\texi}\titt{\text{\texit{\texi{\ter{\text{\texi}\text{\text{\texi}\texit{\texi{\texi{\texi{\
INMATE: Whitford, Makueeyapab#: 3019	1941 LOCATION: LHU1
HEARING CONTINUATI	ON NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT	THE HEARING(S) SCHEDULED
FOR <u>05-03-19</u> IS/ARE BEING CO	NTINUED UNTIL 05-08-19
FOR THE FOLLOWING REASONS: Wards	time to formulate
a defense	
Inmate Signature unable to Si'gh	DATED
Disciplinary Carrie Walster	DATED <u>5-03-19</u>
************	*****
HEARING CONTINUATI	
THIS FORM SERVES AS NOTIFICATION THAT	THE HEARING(S) SCHEDULED
for 5.8.19 IS/ARE BEING CO	NTINUED UNTIL <u>5.13.19</u>
FOR THE FOLLOWING REASONS: Offen O	lecona BUP
- \\(\landa \)	end
Inmate Signature Unable to Sign	DATED 5.8.19
Disciplinary Exlancky	DATED <u>58-19</u>
	e de
Revised: Oct 2012 Records (White)	Inmate (Goldenrod)
•	. /

EXHIBIT D EXHIBIT D

*					LA2
, s	TATE OF MONTAN MSP ☑ MWP □	NA DEPARTMENT CONTRACT FACILIT		NS RECEIV	BY
DIS	SCIPLINARY INFRA	CTION REPORT / N	NOTICE OF HEAR	RING	2019
	(Information and MAJO)	d staff signatures on this form n R MIN	onust be legible)	DISCIPL	INARY
Inmate Name: Wh	H Ford Last name	Makue	eyapee	ID# 30/	5941
	Time:	1.1	1 St I tallic		
Room/Cell: / 4-7	Housing Unit: 14	Job Ass	signment: QQQ	Unassian	ed
Infraction Number(s) & Na	me(s) 4207- Pa	rticipating in	, or encour	ragina oth	ers to
	rafileipa	ie in unaux	norreca Coor	dinaled o	action by
	9229- 76	anning, attempting with other	ring, encour	Turn facili	tating
	(4210)	_			
Staff Witness: 1.		Other Inmat	tes involved 1	nes, 2# 45	7221
2			2	A STATE OF THE STA	ar and a second
Description of Violation: (v	vho what why where	when and how).	3. 16. 1	1.1.	1/
F Set Raminez	1903 chacking	sharking of	in the above	e date a	p time
nmate Whitford	1's continuel	Desticization	in destravio	a facility o	merty
and encouraging o	others to dest	rov Facility D	roperty in t	his instance	e
and encouraging of clogging plumbina back up by rep wattresses and	chases to f	Glood A. Bloc	K and mg	ke the d	rains
sack up by reg	eatedly putt	ing State be	doling and	destroying	State
DEDORTING STAFF MEN	D: 10	2 .	-10		
REPORTING STAFF MEN	MBER: Daniel &	(Print Name)	Set by	(Sign Name)	
Supervisor Review:					
		(Print Name)		(Sign Name)	
Inmate Status: Pre- Reason: Almandy Pt	Hearing Confinement	Release to Pr	revious Status	Other	
have reviewed this report for legibilite.)	ty, completeness, correctness of	4.4	ssary information is attached	d (evidence, incident/witne	ess reports,
(Shift Supervisor's Signatu	(re)	(Date)	(Warden or Designee	Signature)	/ / (Date)
(Sinus Supervisor s Senati		EARING/PREHEARING		Signature)	(Date)
have received a copy this notice a 1. Hearing Date:	ndi tafe been informed of 15	ght to attend and present evidents. Place:	e at a hearing.		
2. I understand the charge(s)?3. I waive my right to a hearing?	Yes No (if no, verbally exp	plain the charge(s) to the inmate e sign an Agreement/Waiver/Ro	e). efusal form)_		
Present evidence and witnesses of S. Other pertinent notations:	n my behalf. Yes No If i	inmack on School back his	her complete a Witness Red	quest form	
	I will be subject to !	osition of the sametime	on outlined in the i	titutional in	
understand, if found guilty. Iisciplinary operational prod					
withesels and wings sparen			1/11/00/1-1	^ l - ^ -	
(Staff Sign	i Cu	(Date & Time)	xuud	UTO BLO	2
	1311117/41/			ate's Signature / ID#)	

Attachment B

MSP 3.4.1, Institutional Discipline

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 277 of 527
LHU1/9444 Unassigned MIAX LH11 Z a)
STATE OF ME TANA DEPARTMENT OF CORR TIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR MINOR
Continuance granted to Date: / / Harmonia afternation of conspiring w/others to commit 4200 series infraction (4210) Plea: Guilty Not Guilty Other: Inmate's Statement:
Did not affend hrg.
Evidence Provided: Infraction Report, Confidential report
Findings: AGuilty of # 4307 4339 4310 Not Guilty of # Evidence Relied On: Infraction Report, Confidential report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s):
Reason(s) for findings: Offender encouraged other
ADMINISTRATIVE REVIEW / DATE S./3'19 WILLIARY HEARINGS OFFICER / (NIT DISCIPLINARY TEAM)

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

1 DO NOT WISH TO APPLE Inmate's Signature / ID#:

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

INMATE: White and Makingapee AO#: 301594] LOCATION: LHLLT 4.20.19-4210/4212/4213 4-23-19-4213/4235 4-29-19-4207/4229 HEARING CONTINUATION NOTICE #1 THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED FOR _OS_/O1/19	•	
HEARING CONTINUATION NOTICE #2 THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED FOR OS/O1/19 IS/ARE BEING CONTINUED UNTIL OS/O3/19 FOR THE FOLLOWING REASONS: Visiting room is not fixed yet/glass mean replaced Inmate SignatureX DATED Disciplinary Canal Walsted DATED 511/19 *********************************	INMATE: Whitford Makuely	раресАО#: <u>3015941</u> LOCATION: <u>LHUJ</u>
HEARING CONTINUATION NOTICE #1 THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED FOR	4-29-19-4210/4212/4213	4-23-19-4213/4235 4-29-19-4207/4229
FOR _OS_\O1/19 IS/ARE BEING CONTINUED UNTIL _OS_\O3119 FOR THE FOLLOWING REASONS: Visiting roam is not fixed yet glass needs replaced Inmate Signature	HEARING CO	ONTINUATION NOTICE #1
FOR THE FOLLOWING REASONS: Visiting room is not fixed yet glass needs replaced Inmate SignatureX. DATED Disciplinary Carrie Walsted DATED 511/19 *********************************	THIS FORM SERVES AS NOTIFIC	ATION THAT THE HEARING(S) SCHEDULED
Inmate Signature	FOR 05/01/19 IS/A	ARE BEING CONTINUED UNTIL <u>05/03/19</u>
Inmate SignatureX. DATED Disciplinary Canal Walsted DATED 511/19 *********************************	FOR THE FOLLOWING REASONS	S: Visiting room is not fixed
Disciplinary Canal Walsted DATED 511/19 *********************************	0	
**************************************	Inmate Signature 🗘 🛴	DATED
######################################	Disciplinary <u>Carrie Walst</u>	DATED 511/19
HEARING CONTINUATION NOTICE #2 THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED FOR IS/ARE BEING CONTINUED UNTIL FOR THE FOLLOWING REASONS: Inmate Signature DATED		,
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED FOR IS/ARE BEING CONTINUED UNTIL FOR THE FOLLOWING REASONS: Inmate Signature DATED	******	*****
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED FOR IS/ARE BEING CONTINUED UNTIL FOR THE FOLLOWING REASONS: Inmate Signature DATED	•	
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED FOR IS/ARE BEING CONTINUED UNTIL FOR THE FOLLOWING REASONS: Inmate Signature DATED		<u> </u>
FOR IS/ARE BEING CONTINUED UNTIL FOR THE FOLLOWING REASONS: Inmate Signature DATED	HEARING CO	ONTINUATION NOTICE #2
FOR THE FOLLOWING REASONS: Inmate SignatureDATED	THIS FORM SERVES AS NOTIFIC	ATION THAT THE HEARING(S) SCHEDULED
Inmate SignatureDATED	FOR IS/A	RE BEING CONTINUED UNTIL
Inmate SignatureDATED	FOR THE FOLLOWING REASONS	5:
		1
DisciplinaryDATED	Inmate Signature	DATED
	Disciplinary	DATED
		,

EXHIBIT D EXHIBIT D Inmate (Goldenrod)

Records (White)

Revised: Oct 2012

	ر'	
INMATE: Whitford, Ma	kueeyapa6#: 3015941	LOCATION: LHU1
HEARIN	G CONTINUATION NO	OTICE #1
THIS FORM SERVES AS NO	TIFICATION THAT THE HEA	ARING(S) SCHEDULED
FOR 05-03-19	IS/ARE BEING CONTINUE	ED UNTIL <u>05-08-19</u>
FOR THE FOLLOWING REA	SONS: Wards time	to formulate
Inmate Signature Unaby	to sigh	_DATED
Disciplinary Carrie W	alsteo	DATED <u>5-03-19</u>
*****	*******	*****
HEARIN	G CONTINUATION NO	OTICE #2
THIS FORM SERVES AS NO	TIFICATION THAT THE HEA	ARING(S) SCHEDULED
FOR 5.8.19	IS/ARE BEING CONTINUE	ED UNTIL <u>5-13-19</u>
FOR THE FOLLOWING REAS	sons: <u>Offendu</u>	na Bup
\\(\alpha\)	Ohn Odrigad	
Inmate Signature WOOK	LE TO SEGW.	DATED <u>5.8.19</u>
Disciplinary B.Klane	cky	DATED <u>5819</u>
		<i>,</i>
Revised: Oct 2012	Records (White)	Inmate (Goldenrod)

EXHIBIT D EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible) DISCIPLINARY MAJOR 🗙 MINOR Inmate Name: ID# 3015941 First Name Date: 4.28-19 Time: 1500 Place of Incident: Housing Unit: (HU-1 Infraction Number(s) & Name(s) 4210 - Destroying Staff Witness: 1. Meagher Other Inmates involved 1. Description of Violation: (who, what, why, where, when and how): main tenance REPORTING STAFF MEMBER: Supervisor Review: (Print Name) (Sign Name) Inmate Status: ☐ Pre-Hearing Confinement Release to Previous Status ☐ Other Reason: I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, (Date) NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and the ve been informed of my light to attend and present evidence hrs. Place: 1. Hearing Date: I understand the charge(s)? (if no, verbally explain the charge(s) to the inmate). 3. I waive my right to a hearing? Ye I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to and my right to an appeal (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OFNTANA DEPARTMENT OF CORRECTIONS MSP MWP Contract Facility: DISCIPLINARY HEARING DECISION

Inmate's Name:	$\frac{4210 - 2}{100 \text{ NOT}}$ OLATION \square I DO NOT	TUNDERSTAND THE VIOLATION By:	1: 4208 - Ir	sounce
			'dentire	20.4.6
Findings: Guilty of #		D8 Not Guilty of	#	2015
For Sanction Purposes: [Circle (Circle number of prior guilty decision Sanction(s):		rule violation]. Find grid level to	use by adding current & pri	vel to Use:
Reason(s) for findings: Was disrespect Multiple orch Yeppyt - neaxu	ful towards ers therebing held w/b	fender des m taff- Offend J. refusing w. him.	gyedam er refuse to sign in	affress Hvaction
I understand, that I may app an appeal, I must submit a complete in I DO WISH TO APPEAL (support the finding; (2) apple not proportionate to the rule I DO NOT WISH TO ARP Inmate's Signature / ID#:	peal the decision of the Distributed appeal form to the (Major decisions only) becaused icable disciplinary procedure violation(s).	ciplinary Hearings Office he Disciplinary Hearings ause (1) there is insuffici	Officer within 15 da ent evidence and do	order to file ys from today. cumentation to
Copies to: Records (White)	Parole Board-Majors only	v (Yellow) Housing U	nit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline



Statement of Incident

William 1999	_	Otatomon	, or moraone		
Title: LHU	J-1 A-Block			Statement #:	26217
Incident D	ate: 04/28/2019	Incident Time:	02:10 PM	Statement Date:	04/28/2019
Jurisdiction	on: Montana State Pris	on	1		
ncident S	cene				
	ccurred at Facility? Y	es es			
			ocked Housing Ur	nit 1/A/LHU-1 A-Block plumb	ing issues /
Summary	of Incident	·		• .	
equipment of A-Block. Whitford,M Officer Full blankets at he heard ir Johnson ta called Com Block by S	from the primary cage in The floor officers went #3015941 was standing mer said while talking with pieces of his mattres in mate Whitford telling in alked with inmate Sieler mand Post and informer.	t was seen A-Block into A-Block to asse in his cell continual ith inmate Knudson in the toilet to caus mate Sieler#41241 who told him "I got 3 at them of the situation-call plumber wa	had a large amour ss the situation of ly flushing his toile \$3013039 UA-8 he se the drains to ba LA-6 how to make I years left and this on on A-Block and	Ramirez) and floor officers of the of water flooded all over the A-Block. Officers said inmatest adding to A-blocks drains to said inmate Whitford is flustickup. Officer Brown in controtthe dayroom drains back up is will not stop till my time her I was told to shut all the wates butte. Floor officers were instituted.	e dayroom e backing up, hing bl cage said bl Cofficer e is done!" I er off to A-
nvolved F	Persons		<u> </u>		
Category	Person		rrative		
Staff	Johnson, Camero	n floo	or officer		
Staff	Brown, Robert				
Offender	Whitford, Makuee 3015941	yapee - inn	nate acting out		
Offender	Sieler, Michael - 4	1241 inn	nate acting out		
Staff	Fulmer, Cameron	floo	or officer		
Offender	Knudson, John - 3	3013039 inm	nate witness		
Source an	d Documentation			 	
	ial Informant: No			· - ;	
Informatio	n Source: Offender -	Knudson, John 3013			
Reporting	Staff: Ramirez, D	aniel	Title	: Correctional Officer Sgt	
Signature	: 3at harries		Date	: 4-28-19	
Notes	-	· · · · · · · · · · · · · · · · · · ·			
No Notes a	are associated with this	Incident Statement		•	
NOTE: Su	pervisors must revi				<u> </u>
Superviso	r Review and Remark	s: <u>Revie</u>	ved t.	Distributed	
Superviso	r Name: <u>559</u>	S.Mill	Title	557	-
1-4 This -4-	44 - K ! d d		a dásasibad issist	and the same has an ad anyone 1. All -	tatamanta

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident,

No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Reviewed + Distributed Supervisor Name: See B. M. Her Title: See Title	Title: Whitford				Statement #:	26219
Incident Scene Incident Occurred at Facility? Yes Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/2 Summary of Incident On above time and date I C/O Brown was in the primary cage in locked one. The drains on A block were flooding. I was monitoring the speakers on A block. I over heard Whitford, Makueeyapee,# 3015941 talking with Sieler, Michael # 41241. Whitford told Sieler that if they put stuff down the toilet it would cause the drains to back up again. Whitford then stated we can make the higher ups give us what we want. All we have to do it to continue acting up and tear shit up. EOR Involved Persons No Individuals are associated with this Incident Statement Source and Documentation Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert 21001 Reporting Staff: Brown, Robert 21001 Reporting Staff: Brown, Robert 21001 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Reviews Aller Title: 55 q Supervisor Review and Remarks: Pure Title: 55 q Supervisor Name: Sag & M. Iller Title: 55 q Signature: Signature: Sag & M. Iller Title: 55 q Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Incident Date:	04/28/2019	Incident Time:	02:30 PM	Statement Date:	04/28/2019
Incident Occurred at Facility? Yes Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/2 Summary of Incident On above time and date I C/O Brown was in the primary cage in locked one. The drains on A block were flooding, I was monitoring the speakers on A block. I over heard Whitford, Makueeyapee, # 3015941 talking with Sieler, Michael # 41241. Whitford told Sieler that if they put stuff down the tollet it would cause the drains to back up again. Whitford then stated we can make the higher ups give us what we want. All we have to do it to continue acting up and tear shit up. EOR Involved Persons No Individuals are associated with this Incident Statement Source and Documentation Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert Title: Correctional Officer Signature: Brown, Robert Date: 4-2 8-7 9 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Review 1 District Life Sq Signature: Sq Limbor Date: 4-28-49 Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Unit File Safety Committee	Jurisdiction: M	ontana State Prisor	1			
Incident Occurred at Facility? Yes Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/2 Summary of Incident On above time and date I C/O Brown was in the primary cage in locked one. The drains on A block were flooding, I was monitoring the speakers on A block. I over heard Whitford, Makueeyapee, # 3015941 talking with Sieler, Michael # 41241. Whitford told Sieler that if they put stuff down the tollet it would cause the drains to back up again. Whitford then stated we can make the higher ups give us what we want. All we have to do it to continue acting up and tear shit up. EOR Involved Persons No Individuals are associated with this Incident Statement Source and Documentation Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert Title: Correctional Officer Signature: Brown, Robert Date: 4-2 8-7 9 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Review 1 District Life Sq Signature: Sq Limbor Date: 4-28-49 Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Unit File Safety Committee	Incident Scene					•
On above time and date I C/O Brown was in the primary cage in locked one. The drains on A block were flooding, I was monitoring the speakers on A block. I over heard Whitford, Makueeyapee, # 3015941 talking with Scieler, Michael # 41241. Whitford told Sieler that if they put stuff down the toilet it would cause the drains to back up again. Whitford then stated we can make the higher ups give us what we want. All we have to do it to continue acting up and tear shit up. EOR Involved Persons No Individuals are associated with this Incident Statement Source and Documentation Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert Title: Correctional Officer Signature: Part Brown, Robert Date: 4-28-79 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Person this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Unit File Safety Committee		ed at Facility? Ye	s		<u></u>	
On above time and date I C/O Brown was in the primary cage in locked one. The drains on A block were flooding. I was monitoring the speakers on A block. I over heard Whitford,Makueeyapee,# 3015941 talking with Sieler,Michael # 41241. Whitford told Sieler that if they put stuff down the toilet it would cause the drains to back up again. Whitford then stated we can make the higher ups give us what we want. All we have to do it to continue acting up and tear shit up. EOR involved Persons No Individuals are associated with this Incident Statement Source and Documentation Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert Title: Correctional Officer Signature: Brown, Robert Date: '4-28-/9 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Reviewall reports for accuracy before signing off Supervisor Name: Sag B. M. Her Title: Sag Signature: Sag B. M. Her Title: Sag Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Unit File Safety Committee	Location: Mont	ana State Prison/M	aximum Security/L	ocked Housing U	nit 1/A/LOWER/2	•
flooding. I was monitoring the speakers on A block. I over heard Whitford, Makueeyapee, # 3015941 talking with Sieler, Michael # 41241. Whitford told Sieler that if they put stuff down the toilet it would cause the drains to back up again. Whitford then stated we can make the higher ups give us what we want. All we have to do it to continue acting up and tear shit up. EOR Involved Persons No Individuals are associated with this Incident Statement Source and Documentation Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert Title: Correctional Officer Signature:	Summary of Inc	cident		·		
No Individuals are associated with this Incident Statement Source and Documentation Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert Title: Correctional Officer Signature: Rand Brown Date: 4-28-/9 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Review Lateral Title: 559 Supervisor Name: 559 B.M.IIII Title: 559 Signature: 794 B.M.IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	flooding. I was m Sieler, Michael # up again. Whitfor acting up and tea	onitoring the speak 41241. Whitford tol rd then stated we ca ar shit up. EOR	ers on A block. I ov d Sieler that if they	ver heard Whitford put stuff down the	d,Makueeyapee,# 3015941 to toilet it would cause the dra	alking with ains to back
Source and Documentation Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert Title: Correctional Officer Signature: Rout Brown Date: 4-28-/9 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Reviewed to District Land Control Supervisor Name: Sty B. M. New Title: Sty Signature: Land Brown Date: 4-28-49 Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee			 			
Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert Title: Correctional Officer Signature: Rowt Brown Date: 4-28-19 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Review of Title: 559 Supervisor Name: Sop Brown Date: 4-28-19 Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	No Individuals ar	e associated with the	nis Incident Statem	ent		
Confidential Informant: No Information Source: Staff - Brown, Robert 21001 Reporting Staff: Brown, Robert Title: Correctional Officer Signature: Rowt Brown Date: 4-28-19 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Review of Title: 559 Supervisor Name: Sop Brown Date: 4-28-19 Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Source and Do	cumentation		v		
Reporting Staff: Brown, Robert Title: Correctional Officer Signature: Raut Brown Date: 4-28-19 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Review 1 Title: 559 Supervisor Name: 559 B. M. Iler Title: 559 Signature: 599 B. M. Iler Title: 559 Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee						
Signature: Raut Bran Date: 4-28-79 Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Reviewed + Distributed Supervisor Name: Seg B. M. Her Title: Seg Signature: Geg B. M. Her Title: Seg Signature: Geg B. M. Her Title: Seg Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Information Sou	ırce: Staff - Brown	,·Robert 21001			
Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Reviewed + Distributed Supervisor Name: Seg & Miler Title: Seg Signature: Seg & Miler Title: Seg Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Reporting Staff:	: Brown, Robe	ert	Title	e: Correctional Officer	•
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Reviewed + Distributed Supervisor Name: Sea B. M. New Title: Sea Date: 4-28-49 Signature: General Security Major Medical Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Signature:	Raut Br	ion	Date	= 4-28-19	·
Supervisor Review and Remarks: Reviewed District	Notes				· · · · · · · · · · · · · · · · · · ·	
Supervisor Review and Remarks: Reviewed + Distributed	No Notes are as:	sociated with this Ir	cident Statement			
Supervisor Review and Remarks: Clure File File File	NOTE: Supervi	sors must reviev	v all reports for	accuracy befor	e signing off	
Signature:	Supervisor Rev	iew and Remarks:	Revie	ried +	Distrib Acd	ţ.
Signature:			•		4	·
Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Supervisor Nam	ne: <u>559</u>	B. Miller	Title	e: <u>559</u>	
Routing List (Place an X next to those this report will be distributed to): Helena Office Security Major Medical MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Signature:	559 S.Mt	<u>L</u>	Date	e: <u>4-2819</u>	
MSP Duty Officer Unit Manager Maintenance Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Routing List (P	lace an X next to	those this repo	ort will be distri	buted to):	
Warden or Designee Command Post Investigator's Office Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Helena	Office	Secu	ırity Major	Medical	
Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	MSP Du	uty Officer	Unit	Manager	Maintena	ance
Deputy Warden Inmate Records File MCE Associate Warden Inmate Unit File Safety Committee	Warden	or Designee	Com	mand Post	Investiga	tor's Office
Associate Warden Inmate Unit File Safety Committee	Deputy	Warden	Inma	ate Records File	MCE	***
Other			Inma	ite Unit File	Safety C	ommittee
	Other				•	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 1



Statement of Incident

Title: Info on A block	Statement #:	26221
Incident Date: 04/28/2019 Incident Time: 02:30 PM	Statement Date:	04/28/2019
Jurisdiction: Montana State Prison	e .	
Incident Scene		
Incident Occurred at Facility? Yes		•
Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/0	JPPER/8	
Summary of Incident	<u> </u>	
On the above date and approximate time, I, CO Fulmer, was on A block assess started. When I came by Inmate Knudson's (3013039) cell, he informed me that (3015941) was purposefully flushing blankets and mattress pieces in order to call	inmate Whitford, Mal	kueeyapee
Involved Persons	 	
No Individuals are associated with this Incident Statement	,	
Source and Documentation	~	
Confidential Informant: No		
Information Source: Offender - Knudson, John 3013039	•	
· · · · · · · · · · · · · · · · · · ·	ectional Officer	
	1/28/201	19
Notes	,	
No Notes are associated with this Incident Statement		•
NOTE: Supervisors must review all reports for accuracy before sign	ing off	
Supervisor Review and Remarks: Reviewel + Dust	la butel	
· · · · · · · · · · · · · · · · · · ·	,	•
Supervisor Name: 559 B. Miller Title:	559 1	
Signature: 449 5 MM Date:	4-28-15	
Routing List (Place an X next to those this report will be distributed	to):	
Helena Office Security Major	Medical	
MSP Duty Officer Unit Manager	Maintena	псе
Warden or Designee Command Post	Investiga	tor's Office
Deputy Warden Inmate Records File	MCE	
Associate Warden Inmate Unit File	Safety Co	itt
	Salety Co	mmulee

		ONTANA DEPAR			RECEIVED BY
200		INFRACTION RI			APR 25 2015
. 7	1 - 2 - 1	mation and staff signature		ible)	DISCIPLINARY
		MAJOR 🔀	MINOR _		DISCIPLINAIN
Inmate Name:	Whit ford Last name		Makveeya First Nam	pee	ID# 3015941
Date: 4-28-1		5 Place of Inc	cident: A.Bl	ock CHU-1	
Room/Cell: LA Infraction Number	Housing Unit:				9
	420 Part act	7- Particip icipate in	ating in, or	porized (or	ing others to
Staff Witness: 1. 2.			Other Inmates invol	lved 1. Sieler	M#41241
Description of Vic	plation: (who, what, why	, where, when and	1 how): 02 41	ne above	date and
A- Block	e time wh		1.	Primary	control.
INAN + IN	had a flood A-Black t	and plu	sater OF	E to COM	I hourd
inmate	Whit ford LA	2 felling	innate	Sieler L	A.6 how
to clogge			, , , ,	vater be	ck up
through		m drain			was telling
the Bloc		keep act	Burelen	the hig	her ups
day	any thing	we was	-we ca	MALE	This go All
7					
					-
REPORTING STA	AFF MEMBER:	chert B	rcur sez	Ra	utBu
Supervisor Review	V:	(Print Name)		< 10 (Sign	Name)
Supervisor Reviev	··	(Print Name)	165		Name
Inmate Status:	☐ Pre-Hearing Confin	ement PR	elease to Previous S	Status \Box	Other
Reason:		No Threat			
I have reviewed this repo	rt for legibility, completeness, cor	rectness of charge, and to	ensure all necessary inform	nation is attached (evidence	e_incident/witness reports
etc.) 550 K	CMHL			mulon is uniform (evidence	e, metacite waness reports,
(Shift/Supervi	sor's Signature)	4081 (Date)	(War	den or Designee Signature	(Date)
Hearing Date: I understand the cha I waive my right to	his notice and have been informed in Time: "Ime" "Ime"	erbally explain the charge(ave inmate sign an Agreen	s) to the inmate).	ring.	Block
	and guilty, I will be subjec	t to imposition of the	e sanctions as outlin	ed in the institution	al inmate
disciplinary operat	ional procedure. I also un ses statements, and my rig	derstand that by ref	using to sign I am w	vaiving my hearing,	my right to
H. Mary	(Staff Signature)	(Date	& Time)	(Inmate's Sign	ature / ID#)
Remo	wed from	201101	1010 -100	1 /	
	dicol from	ncellat	ter bre	aning	
vis	iting room	n wind	dow	aning	

STATE OF NTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
, MAJOR MINOR [
Inmate's Name: Whittord, Makuee yapeen # 3015941 Date: 4:29.19 Infraction Number(s) & Name(s) 4242 - 500 Charles Alexander
I I DO UNDERSTAND THE VIOLATION
Continuance granted to Date: / / By:
Reason:
Plea: Guilty Not Guilty Dother: Befused to sign intraction Befused to comply whorders
Evidence Provided: 10 fra (fion veouv)
27 de la contraction de la con
Findings:
Evidence Relied On: 10 tra (to 0 report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Use:— (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): Refer to UNIT
There is a second secon
Reason(s) for findings: Ottonder encouraged other
nmutes to Hood their cells. Of tender retused
nultiple corders thorn staff, thereby refusing to
1911 INTRACTION MOT-MEANING THE WIOLT NOW.
ADMINISTRATIVE REVIEW / DATE DISCOMMANY HEARINGS OFFICER / UNIX DISCOMMANY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

- MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR ☒ MINOR ☐
Inmate's Name: Whitford Makussyapee ID# 3015941 Date: 4-26-19
Infraction Number(s) & Name(s) 42/2-Willfully destroying a salety device. □ I DO UNDERSTAND THE VIOLATION □ I DO NOT UNDERSTAND THE VIOLATION—ADDITIONAL ACTION TAKEN
Continuance granted to Date: / / By:
Reason:
Plea: Guilty Other:
Inmate's Statement: Offender refused to sign infraction report
Evidence Provided: Infraction Report
Findings WCwiller of # 1 2 2
Findings: Guilty of # 4212
Evidence Relied On: Infraction Report
For Squetier Programmer and Continue of the Co
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): Revoke SS-time from write up on 3-10-19 of
15 days detention
15 days detention, Credit for 3 days, Encl 05.08-19
Reason(s) for findings: Offender took his state document
off of his door + destroyed them. These sheets are
used to make sure the inmotes are checked on on a
regular basis
ADMINISTRATIVE REVIEW/DATE O') homas I los 5.419 OSDI WALKE DISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#:
Conies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

	STATE OF MO	ONTANA DEPART	TMENT OF COR	RECTIONS	RECEIVED IT
		VP CONTRACT			
The same	DISCIPLINARY	INFRACTION REI	PORT / NOTICE	OF HEARING	APR 29 2019
		mation and staff signatures o	MINOR		DISCIPLINARY
Inmate Name:	Last name	200	M		ID# 3015941
Date: 4-26-	Time: 204 -6 Housing Unit:) & Name(s) 4213 000 4236	5 Place of Incid	Job Assignment: To Immedia To Terfecia;	441	
Staff Witness: 1				ed 1	
2. —			ner minates involve	2.	
Moved to a time I gav	bwer cell, whim a six	Im Whitford The Whitford rect Order t	that he had the 2013941	Resused and he	ove date and if up to be and at that stated Bring
REPORTING STAF	F MEMBER:	Sat Pica		Sof (100
Supervisor Review:	-	(Print Name)		(Si	gn Name)
Supervisor Review.	-	(Print Name)		(Si	gn Name)
Inmate Status: [Reason:	☐ Pre-Hearing Confine	ement Rele	ease to Previous Sta	atus	Other
I have reviewed this report for	or legibility, completeness, com	rectness of charge, and to ens	ure all necessary informat	ion is attached (evide	ence, incident/witness reports,
etc.) 557 8 N	ill	42145			1 1
Hearing Date: I understand the charget I waive my right to a he	NOTIO hotice and have been informed (s)? Yes No (if no, ver aring? Yes No (if yes, but itnesses on my behalf. Defer	erbally explain the charge(s) to	HEARING ACTION recent evidence at a hearin to the inmate). nt/Waiver/Refusal form)	n or Designee Signat ig. h Witness Request fo	
disciplinary operation witnesses and witness	guilty, I will be subject al procedure. I also und statements, and my rig Staff Signature	derstand that by refus	ing to sign I am wa	Refus	onal inmate g, my right to l l gnature / ID#
VISI	nna voor	mwind	ow		
Attachment	J J	MSP 3.4.1, Institutional E	Discipline	Effective Januar	y 17, 2017

STATE OF DISTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MINOR [10 Oce10 # 30 | 594 | Date: 4.29.19 Inmate's Name: Infraction Number(s) & Name(s) I do understand the violation ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL Continuance granted to Date: By: Reason: Plea: Guilty **☐** Not Guilty **Inmate's Statement:** ion report, incident report **Evidence Provided:** ☐ Not Guilty of # Findings: Evidence Relied On: For Sanction Purposes: Circle the number of prior Major/Minor Infraction Reports: 1 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Reason(s) for findings: I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. LIDO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). DO NOT WISH TO APP Inmate's Signature / ID#:

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline





Statement of Incident

Title: Concerns, I/M whitford assinged cell	•	`	Statement #:	26179
Incident Date: 04/26/2019 Incide	ent Time: 08:45	PM	Statement Date:	04/26/2019
Jurisdiction: Montana State Prison				
ncident Scene		,		
Incident Occurred at Facility? Yes				
Location: Montana State Prison/Maximum	n Security/Locked H	lousing Unit 1/Ui	PPER/6	
Summary of Incident				
On the above date and time 1.Sgt Pica spok #3015941 as he refuesed to be moved and and his water restriction ends at approcama	was allowed to stay			
after my first call ended with The LT, I called double food port restriction for past occurent				i is on a
Involved Persons				
Category Person	Narrative		.	
Offender Whitford, Makueeyapee - 3015941				
Staff Biltoft, Shane				
Source and Documentation				
Confidential Informant: No			<u> </u>	
Information Source: Staff - Pica, Marcos				
Reporting Staff: Pica, Marcos		Title: Corr	ectional Officer	
Signature: 5st Rea.		Date: 4	4-26-19	
- 			<u> </u>	 -
Notes No Notes are associated with this Incident S				
NOTE: Supervisors must review all re	ports for accura	cy before sigr	ning off	
Supervisor Review and Remarks:	Relieve	LZ DI	stributed	
Supervisor Name: 555 B A	· · · · · · · · · · · · · · · · · · ·	Title:		
Supervisor Name: 555 15 19	i vice-			
Signature: 559 B.Mu		Date:	4-26-19	
Routing List (Place an X next to those	this report will	be distributed	to):	
Helena Office	Security Maj	or	Medical	
MSP Duty Officer	Unit Manage	r	Maintena	nce
Warden or Designee	Command P	ost	Investigat	tor's Office
Deputy Warden	Inmate Reco	rds File	MCE	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2

	./-	. 1	
	<u></u>	b	_
7		DEPARTMENT OF CORREC	CTIONS RECEIVED BY
, -	MSP⊠ MWP□ C		
<u> </u>		ON REPORT / NOTICE OF I	HEARING APR 26 2019
ā · · · ·	(Information and staff MAJOR 🔀	signatures on this form must be legible) MINOR	DISCIPLINARY
Inmate Name: W	bitford	Makueey ap	ee ID# 3015941
Datas and la	Last name	First Name	d 6.
Poom/Cally / Ag	Ime: 220/ Plac	te of Incident: 2 1741 2	A8 facility property or the
Infraction Number(s) & N	Housing Unit:	Job Assignment:	1 1:1
initaction (value) & 1	valle(s) 4210 destroys	ty alterny ordamaging	tacility property or the
	property o Fan	other person sheldedising	+ 10001 iley
			
			
Staff Witness: 1.	Rees	Other Inmates involved 1.	
2.	Rees	2.	
Description of Violation:	(who, what, why, where, wh	nen and how): $O_n = 25 A_{p,n}/q$	about 2225 Insticed sked for the water key
water on Ablocke	ominy from LA 6-	8 houses oppx. Co Recia	sted for the water kov
and went onto	A Block . Co Rees to	erned off the westen as	ed our commenced Post
Left the water off	on LAS behitford	11. 4 3015941	1 -1a
(= rec) new water	r 15 wiseble mutilite	LAS WATTONAS CALL	(W 2200 and oh water ce
spreading from	LAS to the ne	st of the block-LA	I toilet had no know and
wasn't completely +	urned off. 0315 LA8	flooded again and	I toilet had no know and admitted it Weren and
knob from anoth	en value and tu	rned off to let to LA	48. Whitford refused to
come out. Fud 07	Resout	-	
•			
•			
•			
F 0500 25 April			
25 April 25 April		1	
•		tsoa	of the
REPORTING STAFF MI		tsos nt Name)	Sign Name)
25 April 25 April	EMBER: 5 Kna-	/So4 nt Name)	
REPORTING STAFF MI Supervisor Review:	EMBER: S Knai (Pri	nt Name)	(Sign Name)
REPORTING STAFF MI Supervisor Review: Inmate Status: Pr	EMBER: S Kna (Prin	<u> </u>	
REPORTING STAFF MI Supervisor Review: Inmate Status:	EMBER: S Know (Prin	nt Name) Release to Previous Status	(Sign Name)
REPORTING STAFF MI Supervisor Review: Inmate Status:	EMBER: S Know (Prin	nt Name)	(Sign Name)
REPORTING STAFF MI Supervisor Review: Inmate Status:	EMBER: S (Pringer-Hearing Confinement S) HC (pringer)	nt Name) Release to Previous Status e, and to ensure all recressary information is	(Sign Name) Other attached (evidence, incident/witness reports,
REPORTING STAFF MI Supervisor Review: Inmate Status:	EMBER: S (Prince-Hearing Confinement PHC)	nt Name) Name Release to Previous Status	(Sign Name)
REPORTING STAFF MI Supervisor Review: Inmate Status: Pr Reason: Pr Reason: I have reviewed this report for legitect.) (Shift Supervisor's Sign	EMBER: S Knac (Prin (ret Name) Release to Previous Status Re, and to ensure all recessary information is a recessary information in the recessary in	(Sign Name) Other attached (evidence, incident/witness reports,
REPORTING STAFF MI Supervisor Review: Inmate Status: Pr Reason: Pr Reason: Shift Supervisor's Sign I have received a copy Shift supervisor's Sign	EMBER: S / na (Pringer-Hearing Confinement Solity, completeness, correctness of charge ature) NOTICE OF HEAR e and less been informed of my right to	re, and to ensure all recessary information is a 1/26/19 (Warden or Do ING/PREHEARING ACTION attend and present deligned at a hearing.	(Sign Name) Other attached (evidence, incident/witness reports,
REPORTING STAFF MI Supervisor Review: Inmate Status: Pr Reason: Pr Reason: I have reviewed this report for legitect.) (Shift Supervisor's Sign	EMBER: Sknar (Prin (Pr	nt Name) Release to Previous Status Re, and to ensure all necessary information is a compared to the compare	(Sign Name) Other attached (evidence, incident/witness reports,
REPORTING STAFF MI Supervisor Review: Inmate Status: Pr Reason: Pr Reason: I have reviewed this report for legitect.) (Shift Supervisor's Sign I have received a copy of this natice 1. Hearing Date: 1 2. I understand the charge(s)? 3. I waive my right to a hearing?	EMBER: S / 200 (Prin The Hearing Confinement Solitity, completeness, correctness of charge attree) NOTICE OF HEAR Time (Mark Deep informed of my right to the confinement of the	Release to Previous Status (c, and to ensure all recessary information is a 1/26//9 (Date) (Warden or Discovery and Agreement/Waiver/Refusal form)	(Sign Name) Other attached (evidence, incident/witness reports, Sesignee Signature) (Date)
REPORTING STAFF MI Supervisor Review: Inmate Status: Pr Reason: Pr Reason: I have reviewed this report for legitect.) (Shift Supervisor's Sign I have received a copy of this natice 1. Hearing Date: 1 2. I understand the charge(s)? 3. I waive my right to a hearing?	EMBER: S / 200 (Prin The Hearing Confinement Solitity, completeness, correctness of charge attree) NOTICE OF HEAR Time (Mark Deep informed of my right to the confinement of the	Release to Previous Status Release to Previous Status Release to Previous Status (e., and to ensure all recessary information is a compact of the compact	(Sign Name) Other attached (evidence, incident/witness reports, Sesignee Signature) (Date)
REPORTING STAFF MI Supervisor Review: Inmate Status: Pr Reason: Area of the status of	EMBER: (Pringle Confinement Co	Release to Previous Status (e, and to ensure all necessary information is a compact of the comp	(Sign Name) Other attached (evidence, incident/witness reports, esignce Signature) Cate (Date)
REPORTING STAFF ME Supervisor Review: Inmate Status: Pr Reason: Pr Reason: Pr Reason: Pr I have reviewed this report for legitetc.) (Shift Supervisor's Sign I have received a copy of this natice 1. Hearing Date: 2. I understand the charge(s)? 3. I waive my right to a hearing? 4. Present evidence and winesses 5. Other pertinent notations: I understand, if found guild	EMBER: (Prince-Hearing Confinement Planting Confinement Planting Confinement Planting Confinement Planting Completeness, correctness of charge and least been informed of my right to Time Planting Complete Confinement Planting Complete Co	Release to Previous Status ge, and to ensure all recressary information is a 26/9 (Warden or De ING/PREHEARING ACTION attend and present devilence at a hearing. Place: 10 charge(s) to the inmate). an Agreement/Waiver/Refusal form) has witnesses have him/her complete a wind on of the sanctions as outlined in the	(Sign Name) Other attached (evidence, incident/witness reports, Sesignee Signature) Ress Request form The institutional inmate
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Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF INDICATE ACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: MAJOR MINOR MINOR Date: 429'19 Infraction Number(s) & Name(s) 42 0 - Debt . Property I DO UNDERSTAND THE VIOLATION I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN Continuance granted to Date: By: Reason: Plea: Guilty Not Guilty Other: Refused to Sign infraction -
Inmate's Statement: Pefusea to comply we orders
Evidence Provided: Infraction report
Findings: Guilty of # 4210. Not Guilty of # Evidence Relied On: Infraction report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Use:
Befer to Investigations
Reason(s) for findings: VERUSEO MULTIPLE Orders from Staff, thereby refusing to sign in fraction report - hearing held whout him:
Apprinistrative review / Date ### Disciplinary Hearings Offices / Unit disciplinary Team ### Disciplinary Hearings Offices / Unit disciplinary Team
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). In DO NOT WISH TO APPHAL In the rule violation (s) imposed are not proportionate to the rule violation (s).
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Effective January 17, 2017

MSP 3.4.1, Institutional Discipline

Attachment C

	•		RECEIVED BY
·	_/	RTMENT OF CORRECTIONS	and the second s
_ , •		ACT FACILITY:	. •
DISCIPLIT		EPORT / NOTICE OF HEARING THE SON WAS A STREET OF THE ARING THE SON WAS A STREET OF THE ARING TH	NG DISCIPLINARY
-	MAJOR 🗹	MINOR [
Inmate Name: Whitford		Makueeyapee First Name	ID# <u>_3015</u> 941
Date: 4.25.19 Last nam	le Place of Ir		
Room/Cell: LA-9 Housing	Unit: Late of it	Job Assignment:	
Infraction Number(s) & Name(s)	4111 - Assau	Hing syaff 40 line	
-	Body 4	Ludy Civin, feces,	Spif etc.) Go
_	<u>~~~~</u>	, corpact with an	<u> </u>
Staff Witness: 1. LT. Max	how	Other Inmates involved 1. 2.	Ser #41241
Description of Violation: (who, who	or, why, where, when an	the helping clean	are and fine
while helping de	an A-block	indete whethe	rd #30/5941.
	de # 4/241		ack and forth
was put in the	lower A-oh		er # 4/29/
	ear his cell	24-5. Whitfore :	#30/594/
	Whitford wa		
	est flowing		ed his close
and it splashed	on collegie	it.	
<u> </u>			
			<u></u>
REPORTING STAFF MEMBER:	Trans Tange		(4)
	(Dring Mama)		(C) 11
Supervisor Review:	(Print Name)		(Sign Name)
•	(Print Name)	, 	(Sign Name)
Inmate Status: ☐ Pre-Hearing		telease to Previous Status	
Inmate Status: Pre-Hearing Reason:	Confinement AR	telease to Previous Status	(Sign Name)
Inmate Status: Pre-Hearing Reason:	Confinement AR	telease to Previous Status	(Sign Name)
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Inmate Status: Pre-Hearing Reason: I have reviewed this report for legibility, complete etc.) (Shift Supervisor's Signature) I have received a copy of this notice and have been	Confinement R R R R R R R R R R R R R	ensure at necessary information is attached (ev (Warden or Designee Sign REHEARING ACTION d present evidence at a hearing.	(Sign Name) Other idence, incident/witness reports,
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Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF I'NTANA DEPARTMENT OF CORKECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MAJOR 🔀 MINOR [1000e ID# 3015941 Date: 4:29:19 Inmate's Name: Infraction Number(s) & Name(s) ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN I DO UNDERSTAND THE VIOLATION Continuance granted to Date: By: Reason: ☐ Not Guilty Plea: Guilty **Inmate's Statement:** raction report, incid **Evidence Provided:** Guilty of # ☐ Not Guilty of # Findings: report, incident **Evidence Relied On:** For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding Sanction(s): Reason(s) for findings: I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

Copies to: Records (White)

Inmate's Signature / ID#:

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline





Statement of Incident

 Title: Flood
 Statement #:
 26143

 Incident Date:
 04/25/2019
 Incident Time:
 10:25 PM
 Statement Date:
 04/26/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LOWER/8/Flood began at lower A 8

and flooded the entire block.

Summary of Incident

On the above date and time, I LT. Mathon was informed of a flood in LHU-1 on lower A-block. I then sent for the LHU-1 swampers from A-unit and went to the unit to assess the damage. Upon my arrival I noticed the entire block flooded and the inmates were arguing amongst themselves, particularly Whitford, M. #3015941 and Sieler, M. #41241. After getting most of the water off of the block we started removing inmates from their cells and cleaning the water out one by one. When we removed Sieler from his cell and placed him in the shower, he and inmate Whitford began yelling at one another and this escalated until Whitford began throwing water from his cell through the crack of his door trying to hit Sieler with it. During this altercation officer Mauga, T. was hit with the flood water. Whitford refused to stop throwing the water after several orders to do so. I then retrieved the shield from the emergency equipment locker and officer Mauga used it to deflect the water so we could remove Sieler from the shower and return him to his cell. When Sieler was removed from the shower and returned to his cell, Whitford stopped throwing water. Whitford along with Wolf, D. #3015941 LA-7 and Gamble, T. # 2002379 LA-1 refused to have their cells cleaned. After reviewing the cameras, the water was first seen coming from LA-8 which is Whitfords' cell. Whitford was written up for both 4210 and 4111. The rest of the block was cleaned without further incident. EOR

Involved Persons

Category	Person	Narrative
Staff	Fox, William	present
Staff	Mauga, Travis	present
Staff	Singleton, Jennifer	present
Staff	Rees, Erik	present
Staff	Michela, Christopher	present
Staff	Knutson, Stephen	present

Title: Correctional Officer SupMgr

Source and Documentation

Confidential Informant: No

Information Source: Staff - Mathon, Mike

Reporting Staff: Mathon, Mike

Signature: 47. 1/16 (1841) Date: 4.26.19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed and Processed

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Flood		Statement #: 26143
Incident Date: 04/25/2019	Incident Time: 10:25 PM	Statement Date: 04/26/2019
Jurisdiction: Montana State Priso		
Supervisor Name:	ovutan Title:	555
Signature: SSS 14	Date:	4-26-19
Routing List (Place an X next to	those this report will be distribu	ited to):
Helena Office	Security Major	Medical
MSP Duty Officer	Unit Manager	Maintenance
Warden or Designee	Command Post	Investigator's Office
Deputy Warden	Inmate Records File	MCE
Associate Warden	Inmate Unit File	Safety Committee
Other		





Statement of Incident

Title: FLOOD	Statement #:	2614

Incident Date: 04/25/2019 Incident Time: 11:00 PM Statement Date: 04/26/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LOWER/8

Summary of Incident

On the approximate above date and time I C/O Fox walked into command post and was informed that there was a flood in locked housing unit 1 and that I needed to get the swampers and head up there to help with it. When the swampers and I got there we looked on to A-Block to see what all we needed and the swampers grabbed all of the equipment that we needed. As we got the day room starting to look better freeish of water we put Inmate Sieler from his cell into the shower and when we did Inmate Whitford started to yell and scream at Inmate Sieler in the shower. Inmate Whitford then attempted to through water at Inmate Sieler who was in the shower as we were trying to get him out of the shower and back to his cell. Doing so Inmate Whitford got water on C/O Rees & C/O Mauga. LT. Mathon then went and got the shield from the lock box and we put it on Inmate Whitfords cell door to prevent more water from being thrown on anyone else as we got Inmate Sieler out. We then proceeded to finish cleaning up the flood. After we got the flood cleaned up I C/O Fox then went into the cage and rewound the camera and found out that Inmate LA8 Whitford was the one who flooded.

E.O.R.

Involved Persons

Category	Person	Narrative
Staff	Singleton, Jennifer	present
Staff	Mauga, Travis	present
Staff	Rees, Erik	present
Staff	Michela, Christopher	present
Staff	Knutson, Stephen	present

Title: Correctional Officer

Source and Documentation

Confidential Informant: No

Information Source: Staff - Fox, William

Reporting Staff: Fox, William

1/2000 00 -1 1/201-

Signature: Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed and Processed

Supervisor Name: Theraton Title: 556

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: FLOOD		. 191				Statement #:	26145
Incident Date:	04/25/2019	Incident Time:	11:00 PN	и 🐪 🦫	S	tatement Date:	04/26/2019
Jurisdiction: M	lontana State Prisor	n ,	•				-
						•	
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		•	•	•			
, .x		,	-	7.	.:		
Signature:	Sonthu			_ _ Date:	H	-26-19	• 1
Routing List (F	Place an X next to	those this rep	ort will be	distribut	ed to):		
Helena	Office	Sec	urity Major			Medical	
MSP D	uty Officer	Unit	t Manager			Maintena	ince
Warder	n or Designee	Con	nmand Post	, ,	<u> </u>	Investiga	tor's Office
Deputy	Warden	Inm	ate Records	File \	· _	MCE	
	ite Warden	Inm	ate Únit File	, ,	· <u>·</u>	Safety C	ommittee
Other		•		•	r		



Supervisor Name:

Signature:

Montana Department of Corrections





SE HAM ADDE		Statemen	it of incident	
Title: Whitford	Flooding			Statement #: 26149
Incident Date:	04/25/2019	Incident Time:	10:25 PM	Statement Date: 04/25/2019
Jurisdiction:	Montana State Pris	son		
Incident Scen	P			
The state of the s	rred at Facility?	/es		
Location: Mod LAS		/Maximum Security/L	_ocked Housing Un	it 1/A/LOWER/8/LHU1 A Block, Cell
Summary of I	ncident			
went to A block had flooded. C/ swampers arriv taking inmates	to discover the blo O Rees turned his red shortly after wit out and putting the eton and I conduct 11:45.	ock had about an inc water off. Command h c/o's Mauga and F em in the shower or a	h of water covering d post was notified fox. We cleaned the another cell while w	cage telling me to head to A block. In the floor, I/M Whitford, AO#3015941 and we started cleaning it up. The ewater off the floor and then started be cleaned their cells. At approximately I of the cells and floor it was
	130 m True			
Category Staff	Person Knutson, Stepher		rrative	
Staff	Rees, Erik			
Staff	Singleton, Jennife			
Staff	Mauga, Travis	"		
Staff	Fox, William			
Staff	Mathon, Mike			
Offender	Whitford, Makuee	yapee -		
Source and D	ocumentation			
Confidential In	formant: No	7.0		
Information Sc	ource: Staff - Mich	nela, Christopher		
Reporting Staf	ff: Michela, C	hristopher	Title:	: Correctional Officer
Signature:	who l'	7	Date	: 4/26/204
Notes				
No Notes are a	ssociated with this	Incident Statement		
NOTE: Superv	visors must revi	ew all reports for	accuracy before	signing off
Supervisor Re	view and Remark	s: Review	sed and	Processed
				32.07

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Title:

Date:

Page 1 of 2



Statement of Incident

Title: Whitford F	looding			Statement #	26149
Incident Date:	04/25/2019	Incident Time:	10:25 PM	Statement Date	04/25/2019
Jurisdiction: M	ontana State Pris	son			
Routing List (P	lace an X next	to those this rep	ort will be distribut	ed to):	
Helena	Office	Sec	urity Major	Medical	
MSP Du	ity Officer	Unit	Manager	Maintena	ance
Warden	or Designee	Con	nmand Post	Investiga	ator's Office
Deputy '	Warden	Inm	ate Records File	MCE	
Associa	te Warden	Inm	ate Unit File	Safety C	ommittee
Other					





26147

Statement #:

Statement of Incident

Title: Flood in LHU 1

Incident Date: 04/25/2019 Incident Time: 10:25 PM Statement Date: 04/26/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LOWER/8/LHU 1 LA block, Flood

originated from cell LA8.

Summary of Incident

I was conducting checks in LHU 1 at approximately 2225 on B block when i noticed water on the floor of the lower tier that seemed to be coming from A block. I informed the control officer that there was a probable flood on A block and requested the water key. Upon entering A block I noticed that the entire floor of the lower tier was covered in water nearly an inch deep. As I attempted to find the cell where the leak started I also noticed that every cell on the lower tier was also flooded. Inmate Whitford kept insisting that Inmate Wolf in LA 7 was the inmate that caused the flood. After Officer Fox reviewed secutity camera footage of the incident it was determined that water began flowing from under the door of cell LA 8, which is where Inmate Whitford was housed. While attempting to remove water from Inmate Seilers cell we placed him in the shower next to LA 8. Inmate Whitford began calling Inmate Seiler names and attempted to splash dirty water on him by throwing cupfulls at the top corner of his cell door nearest the shower stall. After removing as much water as we could from Inmate Seilers cell I attempted to remove him from the shower stall. I was splashed with water multiple times from Inmate Whitford, as was Officer Fox and Officer Mauga. Inmate Whitford was ordered to stop yelling and throwing water multiple times by multiple officers and refused to cooperate. I turned off Inmate Whitfords water in an attempt to limit access and deter him from continuing to splash personell. Officer Mauga utilized the shield to block water that inmate Whitford was throwing in order to allow me to move inmate Sieler back to his cell so that we could continue cleanup.

Involved Persons

Category	Person	Narrative		
Staff	Knutson, Stephen	Control Officer.		
Staff	Michela, Christopher	Floor officer responding to incident.		
Staff	Singleton, Jennifer	Floor officer responding to incident.		
Staff	Mauga, Travis	Officer responding to incident.		
Staff	Fox, William	Officer responding to incident.		
Staff	Mathon, Mike	LT on duty in command post. Responded to incident.		
Offender	Whitford, Makueeyapee - 3015941	Inmate thhat initiated flood.		
Offender	Sieler, Michael - 41241	Inmate in the shower being splashed by Inmate Whitford		
Source and	Documentation			
Confidentia	Informant: No			
Information	Source: Staff - Rees, Erik			
Reporting S		Title: Correctional Officer		
Signature:_	ErilaReis	Date: 4.26-2019		
Notes				

No Notes are associated with this Incident Statement

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Statement of Incident

Title: Flood in LHU 1			Statement #:	26147
Incident Date: 04/25/2019	Incident Time:	10:25 PM	Statement Date:	04/26/2019
Jurisdiction: Montana State Pr	ison		•	
NOTE: Supervisors must rev	iew all reports for	accuracy before s	igning off	
Supervisor Review and Remar	ks: Review	sed and d	Processed	
Supervisor Name:	Loraton	Title: _	536	
Signature: 550 /	tt >	Date: _	4-26-19	
Routing List (Place an X nex	t to those this repo	ort will be distribut	ed to):	
Helena Office	Secu	ırity Major	Medical	
MSP Duty Officer	Unit	Manager	Maintena	nce
Warden or Designee	Com	mand Post	Investigation	tor's Office
Deputy Warden	Inma	ate Records File	MCE	
Associate Warden	Inma	ate Unit File	Safety Co	ommitte e
Other				





Statement of Incident

Incident Time:

Title: Flooding in LHU-1 A Block

Statement #: 26151

Incident Date: 04/18/2019

10:25 PM

Statement Date: 04/26/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/LHU-1 A Block.

Summary of Incident

On the above date and approximately time. C/O Rees and C/O Michela staring conducting rounds. I C/O Singleton was in the SGTs office sorting mail. About 2230 C/O Knutson called on the phone and let me know that A block was flooding and C/O Rees needed help. When I arrived onto A block I could see that there was about an inch to two inches of water on the floor, from LA-1 to LA-8. Inmate Seilers 41241 was yelling and screaming "if you guys don't get me out of this wet cell something is going to happen." At that time I left A block and headed to the SGTS office and called command post and let them know what was happening. After I returned to A block, C/O Rees and myself starting cleaning up to water. Approximately 10 Minutes later after finishing rounds C/O Michela came on to A block and started cleaning as well. At 2248 C/O Mauga entered the unit. Then C/O Fox arrived shortly after with I/M swampers, followed by LT. Mathon. As we are all trying to clean up water, we move inmate Seilers, 41241 into the shower. At that time inmate Whitford, 3015941 began yelling and throwing dirty water at inmate Seilers, 41241 with a cup from the corner of his cell door. Inmate Whitford, 3015941 was ordered to stop throwing water and to stop yelling. At that time I saw that LT. Mathon, C/O Mauga, and C/O Fox all got dirty water thrown at them. LT. Mathon got the shield and C/O Mauga used it to block more water from being thrown at them. While they were trying to move inmate Seilers, 41241 out of the shower and back to his cell. At approximately 2345 C/O Michela and myself conducted count.

Involved Persons

Category	Person	Narrative
Staff	Knutson, Stephen	Main Control Officer responding.
Staff	Rees, Erik	Floor Officer responding.
Staff	Michela, Christopher	Floor Officer responding.
Staff	Mauga, Travis	Officer responding.
Staff	Fox, William	Officer responding.
Staff	Mathon, Michael	LT. responding.
Offender	Whitford, Makueeyapee - 3015941	Inmate that flooded/throw water.

Source and Documentation

Confidential Informant: No

Information Source: Staff - Singleton, Jennifer

Reporting Staff:

Singleton, Jennifer

Title: Correctional Officer

Signature:

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off





Statement of Incident

Title: Flooding in LHU-1 A Block			Statement #:	26151
Incident Date: 04/18/2019	Incident Time:	10:25 PM	Statement Date:	04/26/2019
Jurisdiction: Montana State Pris	son			
Supervisor Review and Remark	is: <u>Rewie</u> l	wed and 1	vosessed	
Supervisor Name:	oviton	Title:	<i>5</i> 5G	
Signature:		Date:	4-260-19	
Routing List (Place an X next	to those this repo	ort will be distribute	d to):	
Helena Office	Seci	urity Major	Medical	
MSP Duty Officer	Unit	Manager	Maintena	nce
Warden or Designee	Com	mand Post	Investiga	tor's Office
Deputy Warden	Inma	ate Records File	MCE	
Associate Warden	Inma	ate Unit File	Safety Co	ommittee
Other				

					DECIMIED DV
		TANA DEPARTM			REGEIVED BY
		☐ CONTRACT FA			APR 2 2 2019
	DISCIPLINARY IN			EARING	
		tion and staff signatures on the	is form must be legible) MINOR	I	DISCIPLINARY
Inmate Name:	Whitford Last name		First Name	ID# _	3015941
Date: 4-23-	19 Time: 1500	Place of Inciden	t: LHUI		
Room/Cell: LF-	3 Housing Unit:	LHUI J	ob Assignment:		
Infraction Number(s) & Name(s) 4213-	Ro Cisina + 7	la Motolicania	bey a Verba	1 "direct"
	order/	Command from	any staff m.	ember.	
	Volunte	Command from Threating any ers, visitors, v	endor, Member	of the Public	with body has
Staff Witness: 1	The second secon		Inmates involved 1.		
2.	To Condon	Other	2.		
D					
Description of Viola	tion: (who, what, why, w	where, when and how): On the abo	ve date and	aprocamatley
11me 1 291	Pica was speaking that time he	to 7m wh	14000 11 3015941	to convince	him to
and The I/m	Swiped at me	like he was	truing to he	opened his	an Object
I proceeded to	a short the Car	nd slot and	cause I'm Whi	thord a dire	ct order
and he state	o shut the local your you	n Pica" EC	R	V V 17 -5	010-1
	3				
				^	
				010	
REPORTING STAF	F MEMBER:	Sof Vica		Sat The	
Supervisor Review:	C 1	(Print Name)	/	(Sign Name)	
- up-1		(Print Name)		(Sign Name)	-
Inmate Status:	☐ Pre-Hearing Confinem	nent Release	e to Previous Status	☐ Other	
Reason: Alreo		76	TO THE THOUS SHILLS	_ other	
	legibility, completeness, correct	ness of charge and to ensure	all necessary information is at	tached (evidence incident	witness reports
etc.)	p regionally, completeness, confect	4/ 23.10	an necessary mormation is at	daenea (evidence, meidene	withess reports,
Stafft Supervisor	's Signature)	(Date)	(Warden or Des	signee Signature)	(Date)
	Notice	OF HEARING/PREHE	ARING ACTION	gue again, cy	(2.00)
I have received a copy of this 1. Hearing Date: /	s notice and have been informed of	f my right to attend and pleser hrs. Place:	t evidence at a hearing.		
2. I understand the charge	(s)? Yes \(\subseteq No (if no, verba	lly explain the charge(s) to the	inmate).		
 I waive my right to a he Present evidence and w 	earing? Yes No (if yes, have itnesses on my behalf. Yes	inmate sign an Agreement/W No. If inmate has witnesses, h	aiver/Refusal form)	ess Request form	
5. Other pertinent notation	IS:	The state of the s	are amoner complete a with	ss request form	
I understand, if found	guilty, I will be subject to	imposition of the sand	ctions as outlined in the	e institutional inmat	e
disciplinary operation	al procedure. I also under	rstand that by refusing	to sign I am waiving i	my hearing, my right	to
withesses and witness	statements, and my right	to an appeal.	1)-	N /	
	Staff Signature)	(Date & Tim	e)	(Inmate's Signature / ID#	
				11	
				1 /	

Attachment B

MSP 3.4.1, Institutional Discipline

LHUL a

STATE OF MUNTANA DEPARTMENT OF CORKLUTIONS MSP MWP CONTRACT FACILITY: DECISION DISCIPLINARY HEARING 05:03-19 MINOR 🗌 MAJOR) 3015941 Date: Inmate's Name: Infraction Number(s) & Name(s) ADDITIONAL ACTION TAKEN I DO UNDERSTAND THE VIOLATION Continuance granted to Date: Reason: Plea: Guilty **Inmate's Statement: Evidence Provided:** ☐ Not Guilty of # Findings: **Evidence Relied On:** 6) Grid Level to Use: 3 For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions) Sanction(s): I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). 💹 I DO NOT WISH TO APPE Inmate's Signature / ID#:

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

INMATE: Whitford May	Kureyapa AO#: 3015941 LOCATION: LHU1
HEARIN	NG CONTINUATION NOTICE #1
THIS FORM SERVES AS NO	OTIFICATION THAT THE HEARING(S) SCHEDULED
FOR april 26th 2019	IS/ARE BEING CONTINUED UNTIL april 29+1-2019
Inmate Signature	ASONS: A-Block is flooded and the raining / Staff attending to flood DATED 4/24/19
Disciplinary Carrie W	DATED 4-29-19 I revoked his 15 days for the ****** Worked his to sign for the to sign so as of now is day det 5-08-19
HEARIN	NG CONTINUATION NOTICE #2
THIS FORM SERVES AS NO	OTIFICATION THAT THE HEARING(S) SCHEDULED
FOR	_ IS/ARE BEING CONTINUED UNTIL
FOR THE FOLLOWING REA	ASONS:
Inmate Signature	DATED
	DATED

EXHIBIT D EXHIBIT D

Inmate (Goldenrod)

Records (White)

Revised: Oct 2012

INMATE: Whitford MakuseyapeeAO#: 3015941 LOCATION: LHUT
4-29-19-4210/4212/4213 4-23-19-4213/4235 4-29-19-4207/4229
HEARING CONTINUATION NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 05/01/19 IS/ARE BEING CONTINUED UNTIL 05/03/19
FOR THE FOLLOWING REASONS: Visiting room is not fixed yet/glass needs replaced
Inmate Signature DATED
Disciplinary Carrie Walsted DATED 511/19

HEARING CONTINUATION NOTICE #2
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR IS/ARE BEING CONTINUED UNTIL
FOR THE FOLLOWING REASONS:
Inmate SignatureDATED
DisciplinaryDATED

Revised: Oct 2012

Records (White)

Inmate (Goldenrod)

		·
INMATE: Whitford	. <u>Макисе</u> уарав#: 30150	941 LOCATION: LHU1
HEA	RING CONTINUATIO	ON NOTICE #1
THIS FORM SERVES A	S NOTIFICATION THAT TI	HE HEARING(S) SCHEDULED
FOR 05-03-19	IS/ARE BEING CON	ITINUED UNTIL 05-08-19
1	REASONS: Wards to	ine to formulate
a defense		
Inmate Signature	able to sigh	DATED
Disciplinary Canal	Malsteo	DATED <u>5-03-19</u>
		,
****	********	******
		,
		· · · · · · · · · · · · · · · · · · ·
HEA	RING CONTINUATIO	ON NOTICE #2
		ON NOTICE #2 HE HEARING(S) SCHEDULED
	NOTIFICATION THAT TH	
THIS FORM SERVES AS	NOTIFICATION THAT THE	HE HEARING(S) SCHEDULED
THIS FORM SERVES AS	NOTIFICATION THAT THE	HE HEARING(S) SCHEDULED ITINUED UNTIL <u>6.18.19</u>
THIS FORM SERVES AS	NOTIFICATION THAT THE	HE HEARING(S) SCHEDULED ITINUED UNTIL <u>6.18.19</u>
THIS FORM SERVES AS FOR 5.8 19 FOR THE FOLLOWING	NOTIFICATION THAT THE	HE HEARING(S) SCHEDULED ITINUED UNTIL <u>5.18.19</u> LONG BUP
THIS FORM SERVES AS FOR 5.8.19 FOR THE FOLLOWING Inmate Signature	NOTIFICATION THAT THE	HE HEARING(S) SCHEDULED ITINUED UNTIL <u>6.18.19</u> LLONG BUP DATED <u>5.8.19</u>

EXHIBIT D EXHIBIT D

STATE OF MUNTANA DEPARTMENT OF CORRECTIONS

RECEIVED BY

APR 9.4 2019

		ORT / NOTICE OF HEARIN	NG AFR 24 2015
	JOR V	this form must be legible) MINOR	DISCIPLINAR'
			DISCIPLINAN
Room/Cell: LF-3 Housing Unit: L Infraction Number(s) & Name(s) 4212	Place of Incid	First Name	Unassigned
Staff Witness: 1.	Safety de	er Inmates involved 1. Non	
2.		2.	
that a couple days early author that a couple days early country factor pacard that all the seaurity of the security country country factor that the security country factor that the security factor and staff that the security for a couple of the security for a couple of the missing safety cause REPORTING STAFF MEMBER:	en placard	to whitford did to on his cell do been kicking hi magnetic deceme a off the cell of	not have our to hove our to hovers and boar removed from his ce mossives by measures by me
	(Print Name)		(Sign Name)
Supervisor Review:	(Print Name)		(Sign Name)
Inmate Status: Pre-Hearing Confineme Reason: Mandatory Lak-up- Se	ent Relea	ase to Previous Status	Other
have reviewed this report for legibility, completeness, correctnests.) (Shift Supervisor's Signature) NOTICE Of the received a copy of this notice and have been informed of rown 1. Hearing Date: 4/7 Time: 40. 2. I understand the charge(s)? Yes No (if no, verbally 3. I waive my right to a hearing? Yes No (if yes, have in the content of the content of the charge (s)? Yes No (if yes, have in the charge (s)? Yes No (if yes, have in the charge (s)? Yes No (if yes, have in the charge (s)?	(Date) F HEARING/PREH my right to attend and pre- hrs. Place: LH y explain the charge(s) to	Warden by Designee Sign EARING ACTION sent evidence at a hearing. University (Comp.)	pature) (Date)
4. Present evidence and witnesses on my behalf. Yes No. 5. Other pertinent notations: understand, if found guilty, I will be subject to it lisciplinary operational procedure. I also undersystems and my right to the subject to it.	imposition of the sa tand that by refusi	have him/her complete a Witness Reques	tional inmate

Attachment B

(Staff Signature)

MSP 3.4.1, Institutional Discipline

492 of 2.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:_

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR MINOR	
Inmate Name: Whitford Makieeyapee ID#3015941 Last name Pirst Name Date: 4.33, 19 Time: 0980 Place of Incident: LHL-1 LF-3 Room/Cell: LF-3 Housing Unit: LHL-1 Job Assignment: 99999 Unassigned Infraction Number(s) & Name(s) 4212 Willfully destraying a Socientry	-
Staff Witness: 1. Other Inmates involved 1	
Description of Violation: (who, what, why, where, when and how): 30 I instructed a Cell search of Muhitford's Cell pe performed in an attempt to determine if he had taken the placard. The search officer did find two small pieces of the placard hidden among Whitfords legal papers, along with a smaller magnetic scard piece from an unrelated source that had been used to adhere too feets to the cell door. The fact that whitford intentionally aussed the security frustion placard and officer draments to tall from the outside surface of his cell door, ambined with finding pieces of the missing drament in his passassic and no longer whole, demonstrates a willfull got, and ar intent to place staff into a risk of danger. EDR	
Supervisor Review: (Print Name) (Sign Name) Inmate Status: Pre-Hearing Confinement Release to Previous Status	
Reason: Mondoton, lock of Security threat I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) Security threat I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) (Shift Supervisor's Signature) (Date) Warden or Designee Signature)	,
NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing. 1. Hearing Date: Y/26//9 Time: All hrs. Place: Y/26//9 Place: Y/26//9 Place: Y/26//9 Time: All hrs. Place: Y/26//9 Place	
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign Lam waiving my hearing, my right to witnesses and witness statements, and my right to an appear!	
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)	

Attachment B

MSP 3.4.1, Institutional Discipline

					100
			MENT OF CORR		45
-1-			FACILITY:		1
	DISCIPLINARY II		n this form must be legible)	F HEARING	
	N	IAJOR 💢	MINOR		
Inmate Name:	Whitford Last name		Mak ueega	pee ID#	30/594/
Date: 4-19-1	Time: 1713	Place of Incid	lent: LH4-A	F Block	
Room/Cell: LA	Time: /7/3 Housing Unit: er(s) & Name(s) 42/2	LHUI	Job Assignment:	99999 Un	
Intraction Numb	4213-	Reasing to	o Chey a	Direct order	eme.
Staff Witness: 1			her Inmates involved	11.	
	iolation: (who, what, why,				
APPOX tie	T C/O Foste	r, was in	the Satt	illie cage	or LHU-1
his neller	needed the	Phone I T	an Jelling	attle ca	in that
tue Phone	List. The I/a	then Sta	ed A. Chin	his day	making
everything	ful offor his	door I g	oke fre	Ilas on	order
TO STOP	hiching his dos	hi don	EOR	n Borsel	10 101100
	rand High	113 0001.			
REPORTING ST	ГАFF MEMBER: M.	Fucker	11	E	
	11.	(Rrint Name)		(Sign Name)	20.
Supervisor Revie	ew: Sat h	(Print Name)		(Sign Name)	Tica
Inmate Status:	☐ Pre-Hearing Confine		ease to Previous Stat	,	er
Reason: Na			curity	us	
I have reviewed this re	port for legibility, completeness, corre	ectness of charge, and to en	sure all necessary information	on is attached (evidence, incidence)	lent/witness reports,
7/45	rvisor's Signature)	(Date)	(Warden	or Designee Signature)	(Date)
	I ANO NOTICE	E OF HEARING/PRE	HEARING ACTION		(Dute)
I have received a copy 1. Hearing Date:	of this notice in that been informed	of ne right to attend and p	present evidence at a learing		
2. I understand the c	charge(s)? Yes No (if no, ver to a hearing? Yes No (if yes, he	bally explain the charge(s)		- 100 - 100	1 ~
4. Present evidence	and witnesses on my behalf. Yes	o If inmate has witness	have him/her complete a	Witness Hoquest in	Lung
5. Other pertinent no	ound guilty, I will be subject	to imposition of the	sarations as outlined	in the institutional in-	
disoiplinary oper	ational procedure. I also und	lerstand that by refu			
witnesses and Air	ness statements, and my righ	it to an appeal.	15 Y 1	1 - W	+
M. MM	(Staff Signature)	(Date &	Time)	Inmate's Signature	ID#

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: Agreement / Waiver / Refusal Form Major/Minor Inmate Disciplinary Infractions Agreement Waiver to Attend Hearing 🗌 Refusal to Attend Hearing Infraction Number(s) and Description: greement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above. For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 (Circle number of prior guilty decisions with the time frame [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanctions: I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal. Inmate Signature: ☐ Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal. Inmate Signature: Date: ☐ Refusal to Attend Disciplinary Hearing: I told Inmate that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: Inmate Signature: Date: Officer/Witness Signature: Date: / Disciplinary Hearing Officer/Unit Disciplinary Tear Administrative Review Signature: Date:_/ Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment G

MSP 3.4.1, Institutional Discipline

LOCKED HOUSING Plan Review

Name: Whitford, Makueeyape	ee MSP/DOC# 3015941 Dat	te: 3/29/2019	
Housing Unit: LHU1 ST: F	Peoples UM: Garland		
Separation Needs: Atyp	ical designation(s) STG		
Activation of BMP within last	30 days ⊠ Yes □ No	BMP Clearance Date: 1/	10/2019
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date: ©	lick here to enter a date.
Mental Health Referral/Contac	ct within the last 30 days 🗵	Yes 🗆 No	
Monthly review from MH/The	erapist: Click here to enter tex	i.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 1	Recomm	ended Completion Level:	Level 5
3/14/2019 he was found guilty to spitting on a correctional of starts level 1 on 3/29/2019 and this review his security caution time and the other cautions wo	using	Water Restrictions(flooding ew inmate Whitford was re- officer at his hearing. On 3/ t was decided to restart WI level 2 on 5/29/2019 as lo ecided that the double food	APR 27 2019 APR 27 2019 APR 27 2019 Classification & Placement estarted on his current level. On /10/19 he was placed on a BMP due hitford on his current level. He ing as he keeps clear conduct. Also it port would be reviewed at this
I Had to be removed from 57: Peoples I appeal the current review to the it will be reviewed by the Adn Locked Housing Unit ST:	have page Unit Manager and that if I amin Review Committee.	participated in my locked h	nousing status and understand I may vels due to disciplinary or behavior
White-Mail	Yellow-	6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D

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t	STATE	OFMONTAR	NA DEPARTMEN	IT OF COR	ŘECTIONS		_
f g		. .	CONTRACT FACI		ICCTIONS		
,	•	_	CTION REPORT		OF HEADING		
•	<u>DISCH LI</u>		d staff signatures on this fo				
•		MAJO		INOR 🗍	,		
						> 100	
Inmate Name:	Whitfor			MAKU	ree Yafee I	D# <u>\$0159</u>	41
D-4 9- 1-	Last nan		Diana Giraldani	First Name	1		
Date: 3-10- Room/Cell: LE	19 Housin	6 / 15	Place of Incident:	Assissment	9999-	1. 0- 00 \-	 /
Infraction Number	r(s) & Name(s)		CC 14 % . C	Assignment.	997195	Wiassig	Dec
imiaction (value	r(s) to rume(s)	Causian D	ssulting as	of the		77/2/WEIT	
	-	DOC - I	SOLACE	a waa	MR =71 C41,	NOUS CONTA	<u> </u>
	•	7000					
	<i>.</i>						
Staff Witness: 1.	40 CM	tes, N	Other In	mates involve	ed 1		
2.					2		
Description of Vi	-1-4: (A11	,		,
			e, when and how):				
			ing Doma				
			course of			11 h & Ros	
			e Insular			Lanta C	⊃4 C>11.0-
Inmote U	Shit ford a	vas Plas	ed In the	Show	he Donce	check XX S	10x
			Some Of				Pact
			med Seargea			ile he u	ric.
En White	nde cell 5	earching	for contro	band O	7 the Inc	ident. Sco	rgeo
coughlin :	Hen inst	ruted "	to Charles	Off H	le Block;	to clean L	بجر
corgeont.	coughling	and I	escented u	Uhit Kong	1 out of 2	40 block	<u>Sho</u> w
to LAS	WILLOW	any the	The Prom	1ent-E	© K-		
		<u> </u>			1 1		
REPORTING ST	AFF MEMBER:	Daysel	n troch!		Mers / _ /		
	•	72047	(Print Name)			tathia)	
Supervisor Review	w:	DIEU ((Pyint Name)		AU Congni	Jame)	
Inmata Status	Dro Hagning	Confinence	•	T			
Inmate Status: Reason:	Pre-Hearing		□ Release to	Previous St	atus	Other	
1.				17			
I have reviewed this repo	ort for legibility, comple	teness, correctness o	f charge, and to ensure all r	necessary information	lion is attached (evidence	, incident/witness repor	ts,
	////	<u>.</u>	31/01/9	11/1/20	NE	3EN 31	1/18
(Shift Superv	isor's Signature)	***	(Date)		n or Designee Signature)	(Da	te)
I have received a copy o	, f this notice and have be	NOTICE OF E	IEARING/PREHEAR ght to attend and present e	ING ACTION	1 0		
1. Hearing Date:	113 1/60	Time:	ers. Place:		' 5 .		
 I understand the ch I waive my right to 		o (if no, verbally explored of the contract of	flain the charge(s) to the in e sign an Agreement/Waiv	mate). er/Refusal form)			
 Present evidence ar 	id witnesses on my beha	III □Yes PNo If	inmate has witnesses, have	him/her complete	a Witness Request form		
5. Other pertinent not							-
disciplinary operation	und guilty, I will b	e subject to imp	osition of the sanction of the	ons as outlined	1 in the institutiona	l inmate	ſ
witnesses and witn	ess statements, an	d my right to ar	u that by refusing to	sign I am wa	iving my nearing, i		
110 W.Chai	-)PG -	4	03/10/19	BMB	sphs.		. 1
· · · · · · · · · · · · · · · · · · ·	(Staff Signature)		(Date & Time)	-	(Inmate's Signa	ture / ID#)	
	-			office	Mcn4 (14)		
				OFE TO	L. Contombe	/	
				- (3///17	ent l'het		
Attach	ment B	MSD	4.1 Institutional Disciplin	1e /	Effective January 1	2017	

EXHIBIT D EXHIBIT D LHUI/MAX/99999 Unassigned

THMT & 1000

STATE OF MUNTANA DEPARTMENT OF COR TIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION

MAJOR ☑ MINOR □
Inmate's Name: Whitford Makueyaper 10# 3015941 Date: 03-14-19
Infraction Number(s) & Name(s) 4111-assault with bodily fluids
2 I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: 03 / 14 / 19 By: CWalster on BMP until
Reason: 3-14-19 @ 0755
Plea: A Guilty Other:
Inmate's Statement: Offender states co Charles was cussing at
everyone and caused a scene. Offender states % Charles
treats everyone like garbage.
Evidence Provided: Infraction Report
Findings: \(\sqrt{\text{Guilty of } #} \) \(\sqrt{\text{Ull}} \) \(\sqrt{\text{Not Guilty of } #} \)
Evidence Relied On: Infraction Report
·
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 30 days detantion, 15 days detention,
15 days suspended for 90 days, End 03-29-19
Reason(s) for findings: Offender spit on a staff
member
1 1 2 1 4 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2
ADMINISTRATIVE REVIEW / DATE Carry Walsto Disciplinary Hearings Officer / Unit disciplinary TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
TOO NOT WISH TO APREAL
Inmate's Signature / ID#:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Fink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

MSP Incident Report for BMP Activation

1.		Makueeyapee #3015941	Max
	Name	AO/ID number	Classification
2.	Location: LHU-I X cellbl	ock: LA 5 LHU-II	cellblock:
3.	Is this inmate on the current	BMP clearance list? YES	X NO
	Start date: _01-10-19	End Date: 07/10/19 t initiate a section G.	
4. 5.	Date and time of incident: 03 Nature of incident: Inmate-on-inmate assault	3/10/19 0755AM X Inmate-on-staff assault	☐ Flooding cell
	Destruction of state property	Inmate threatened Self harr	<u>n</u>
	Description of incident: Wh while they were placing him	itford spit in the faces of CO in the shower.	Charles, N and CO Proehl, D
6.	Use of Force required? If use of force was required of for details refer to Use of Force		Calculated?
7.	Name of the Command Post SSGT: D Hansen	staff member who was contac Time this person was	cted regarding plan activation: as contacted 0755
8.	Placement: Remain in curre X Isolation cell	ent cell Pre-hearing Confine	\ ment pending further review
9.	Did the Shift Commander no Duty Officer? ⊠ YES		professional and Warden or On k Lumpkin and AW Godfrey
	SSGT D Hansen / LT. Postm	na .	03/10/19
	Staff Member		Date
		·	
	MSP 3.5.5, Behavior Management Pla	ans Attachment C	Effective November 16, 2009





Statement of Incident

Title: I/M Whitford assault with a bodily fluid

Statement #: 23891

Incident Date: 03/10/2019

07:15 AM

Statement Date: 03/10/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LOWER/Shower

Incident Time:

Summary of Incident

Involved Persons

On the above date and approximate time I, Sgt. Coughlin was assisting C/O Charles and C/O Proehl in escorting I/M Whitford, M. #30159941 to the shower as his security restrictions state that he is a 3 on 1 escort with the sergeant. Once I/M Whitford was placed in the shower successfully I went back to his cell to start searching for contraband. I was then informed by C/O Proehl that I/M Whitford was spitting in his face as well as in C/O Charles face. I returned to the shower and looked at C/O Charles face and seen brown spots all over his face. I then instructed C/O Charles to go and clean the spit off of his face. I then re-opened the shower and escorted I/M Whitford to LA-5 without any further incident. I then informed the command post of the incident. At approximately 0825 I was instructed by the command post that I/M Whitford was to be placed in the SMC cell and it was cleared by mental health Nick Lumpkin. Once I/M Whitford was placed in the SMC cell he was stripped. He handed everything out but refused to hand out his underwear. Command post was informed and the IPS team was dispatched to the unit. Once the IPS team arrived to the unit they went to SMC-2 and asked I/M Whitford for his underwear. I/M Whitford refused to hand them out. Command post was notified and it was determined that I/M Whitford could keep his underwear. I/M Whitford was written up and incident report was created.

EOR

this incident will be collected and combined into a single incident report.

Category	Person	Narrative	
Staff	Charles, Nathaniel		
Staff	Proehl, David		
Offender	Whitford, Makueeyapee - 3015941		
Source and	Documentation		
Confidentia	I Informant: No		
Information	Source: Staff - Coughlin, Bre	t	
Reporting S Signature:	24/1/	Title: Correctional Officer Sgt Date: 3/10/19	
Notes			
No Notes are	e associated with this Incident S	statement	
NOTE: Sup	ervisors must review all re	ports for accuracy before signing off	
Supervisor	Review and Remarks: Re	viewed and distributes	
Note: This state	ement of incident may be the only sta	tement of the described incident, or it may be one of several. All statement	s of

Page 1 of 2



Statement of Incident

Title: I/M Whitfo	rd assault with a	bodily fluid		Sta	tement #:	2389
Incident Date: Jurisdiction: Mo	cident Date: 03/10/2019 Incident Time: 07:15 AM urisdiction: Montana State Prison			Statem	ent Date:	03/10/2019
		-				
Supervisor Nam	e: D +	ansen	Title:	886		
Signature:	D bd	Men	Date:	3.10.1	9	
Routing List (PI	ace an X next	to those this rep	ort will be distribu	ted to):		
Helena (Office	Sec	urity Major		Medical	
MSP Du	ty Officer	Unit	Manager		Maintena	nce
Warden	or Designee	/_ Con	nmand Post	_/	Investigat	or's Office
Deputy \	Varden	Inm	Inmate Records File		MCE	
Associat	e Warden	Inm	ate Unit File		Safety Co	ommittee



23893



Montana Department of Corrections

Statement of Incident

Title: Whitford, M #3015941 Bodily Fluid Assault Statement #: 03/10/2019 Statement Date: 03/10/2019 Incident Date: Incident Time: 07:15 AM

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/E/LOWER/Locked Housing Unit 1

Lower E-Block Shower

Summary of Incident

On the above date and approximate time I, Officer Charles, and Officer Proehl were escorting Inmate Whitford to the shower. During the process of placing the wrist restraints on Inmate Whitford he tried to pull away and make it difficult for me to place the wrist restraints. After placing the wrist restraints on Inmate Whitford and opening the cell door Sergeant Coughlin and myself both placed hands on the back of Inmate Whitford's arms to escort him to the shower with Officer Proehl behind us as Inmate Whitford is a three to one escort inmate. During the walk over to the showers Inmate Whitford was being unruly with his words towards myself saying "ease the fuck up man," "you always grab so hard man," "what you think you are tough and cool just because you have a fucking badge?," during which Inmate Whitford tried to pull out of my grasp. I, Officer Charles, replied; "I am not grabbing hard I am simply maintaining control, do not pull away from me, if you pull away I have to grip harder." It should be noted that I, Officer Charles, maintain a controlled grip on inmates at all times but never excessive. It should also be noted I, Officer Charles, am more cautious with Inmate Whitford as I have had him try to escape my grasp multiple times in the past and have had issues with him threatening me. Once Inmate Whitford was in the shower I, Officer Charles, began to lock the shower door padlock. During the time it took me to get the padlock shut Inmate Whitford said; "You need to ease up and stop being a super cop or I'm going to have to do something about it." I, Officer Charles, replied; "you haven't done anything in the past, your not going to do anything now, take it easy and knock it off." Inmate Whitford then replied; "Oh yea?," and proceeded to spit multiple times in my face some of which got in my mouth and in my right eye and some of the spray got onto Officer Proehl's face. I, Officer Charles, maintained my calm composure while Inmate Whitford spit in my face and continued to secure the padlock. I, Officer Charles, did not say a word to Inmate Whitford and proceeded to tell Sergeant Coughlin then immediately left the block to clean my mouth and face in the bathroom. I, Officer Charles, then went to a different block to help that block finish showers then proceeded to go to Deer Lodge Medical Center with Officer Proehl to get evaluated as soon as two OJT Officers showed up to the unit to relieve us. End Of Report.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee -	
	3015941	
Staff	Proehl, David	
Staff	Charles, Nathaniel	
Staff	Coughlin, Brett	
Source and	Documentation	
Confidential	Informant: No	
Information	Source: Staff - Charles, Nathani	el
Reporting S	taff: Charles, Nathaniel	Title: Correctional Officer
Signature:_	me me	Date: <u>63/18/19</u>
Notes		



Statement of Incident

Title: Whitford, M #3015941 Bodily Fluid Assault	Statement #:	23893
Incident Date: 03/10/2019 Incident Time: 07:15 AM	Statement Date:	03/10/2019
Jurisdiction: Montana State Prison		
No Notes are associated with this Incident Statement		
NOTE: Supervisors must review all reports for accuracy before sig	ning off	
Supervisor Review and Remarks: Reviews and T) stributus	
with wester up		
Supervisor Name: Title:	SSGT	
Signature: Date:	3.10.19	
Routing List (Place an X next to those this report will be distribute	d to):	
Helena Office Security Major	Medical	
MSP Duty Officer Unit Manager	Maintena	nce
Warden or Designee Command Post	Investigation	tor's Office
Deputy Warden Inmate Records File	MCE	
Associate Warden Inmate Unit File	Safety Co	ommittee .

LOCKED HOUSING Plan Review

Name: Whitford, Makueeyape	ee MSP/DOC# 3015941 Dat	e: 2/25/2019	
Housing Unit: LHU1 ST: P	Peoples UM: Garland		
Separation Needs: Atypi	ical designation(s) STG		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: Cli	ick here to enter a date.
Activation of SMP within last	30 days □ Yes ☒ No	SMP Clearance Date: Cli	ick here to enter a date.
Mental Health Referral/Contac	et within the last 30 days 🗵	Yes □ No	
Monthly review from MH/The	erapist: Click here to enter tex	it.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 1 Reason for initial placement:	Recomm	nended Completion Level: 1	Level 5
 ✓ Multiple disciplinary viola ☐ Refusal to leave locked ho ✓ Predatory/Violent/Assaulti ☐ Escape, Attempt or Facilita ☐ Other Click here to enter to 	using ive Behavior ation to Escape	Death Sentence or pending	pance/riot g death sentence
Special Housing Needs: ☐ Spit Hood ☐ Restriction ☐ Escort Procedures/Special Summary of current status and Whitford's Most recent disciple	ns □ Bottom bunk/tier □ Security Procedures	Water Restrictions(flooding	RECEIVED ADA 2019 MAR 2019 MAR 2019 April 100 & Placement
LHU-UMT has restarted him of level system he will need to m back, or extend the levels. Wh	on his current level. Whitford aintain clear conduct, if he do iteford restarted level 1 on 2/1 020. Whitford's special housing at this time. This plan will	es not keep clear conduct the 17/2019. He will be eligible ng needs were reviewed this	levels 1-5. To move up in the ne LHU-UMT may restart, move for level 2 on 4/17/2019, and s review period and the LHU-UMT
appeal the current review to the it will be reviewed by the Adn	have the Unit Manager and that if I a		ousing status review. ousing status and understand I may els due to disciplinary or behavior
Locked Housing Unit ST: 5	T:grapes		
141 to 1740 T	: [. 4	() ()	ca. 3 55- 3
White-Mail	Yellow-	-6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D

	om i mp c	AUT AND DED AD	EMENT OF CO	OTIONS	RECEIVE	ELO
		NTANA DEPAR				1
		P CONTRACTION RE			G FEB 19	2419
		nation and staff signatures of				INIADY
		MAJOR 🗹	MINOR		DISCIPL	INAN
mate Name:	616. 65-1		Mayane	112000	ID# 200	15941
mate Name.	Whrtford Last name		First Nan	ne gapee	10 " 301	7/1/
ate: 02/17/19	Time: 2/60	Place of Inci	dent: LH	0/		
oom/Cell: LE	6 Housing Unit:	E Block 4h	/ Job Assignme	nt: 9999	7 unassigi	ned
fraction Number(s) & Name(s) 423	5- Threater	ing Staff	,		
	Last name Time: 2/06 Housing Unit: s) & Name(s) 42/3	- Refusing .	a director	de		
	-				-	
taff Witness: 1.		Or	ther Inmates invo	olved 1		
2				2.		
		Date Concess		" '	,,	. 1.
escription of Viol	ation: (who, what, why	, where, when and	how): On	the above	date an	d time
I 0/0 Cha	mbers was affe	empting to le	theve a to	ablet from	1 ym whi	Hora,
2 dileoted	him to turn o	DE THE TROPE	I in minu	45" T	Held him	that
LA MISS	his porch, hi	h Count and	he told	me that v	DE INAS GO	ing to
blow my	face off in	a minute "	I then	closed hi	s food h.	atch
and walke	d away.					
	,					
EPORTING STA		Kelly Char	nbes	510	(Sign Name)	3
upervisor Review		(Print Name)		39	(Sign Name)	
mate Status:	☐ Pre-Hearing Confin	ement 🙎 Re	lease to Previous	s Status	Other	
ave reviewed this report	for legibility, completeness, cor	rectness of charge, and to e	nsure all necessary info	ornation is attached (e	vidence incident/wit	ness reports,
11/18	2			Moriana	Min	2,191
Shift Supervis	or's Signature)	2 //7 / / (Date)	(#	Varden or Designee Sig	gnature)	(Date)
		CE OF HEARING/PR				
lave received a copy of t	his hore antique been inform / Time:	hrs. Place:	present evidence at a f	nearing.		
2. I understand the char	ge(s)?			rm)		
4. Present evidence and	witnesses on my behalf. Yes	o If inmate has with	sses, have him her con	pete Witnes Requi	Sommer 1	110
5. Other pertinent notati	ions:	TO	derices	01-42	2.000	
understand, if four	nd guilty, I will be subject onal procedure. I also un	et to imposition of the	sanctions as out	lined in the instit	utional inmate	
incessed and witne	onal procedure. I also un systatements, and my rig	ght to an appeal.	using to sign 1 all	- 0 1	l N O 1	
1. 0000	LKU	2.19/11	5 11	ruble-	to segn	2
	(Staff Signature)	Date	& Time)	000 - (Inviate	s ignature (1)	
			U	m -30	,	
				M		
Attachm	nent B	MSP 3.4.1, Institutiona	Discipline	Attective Ja	inuary 17, 2017	

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:
Agreement / Waiver / Refusal Form
Major/Minor Inmate Disciplinary Infractions
Agreement Waiver to Attend Hearing Refusal to Attend Hearing Inmate Name: Whitford, Makueyape ID#: 3015941 Date: 21919 Time: 1115 Housing Unit: LHUI Infraction Number(s) and Description: 4235-Hyreatening; 4213-Ref.
Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe snot each rule violations]. Find grid level to use by adding current & prior guilty decisions). Sanctions:
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal. Inmate Signature: Wable to My dulfo Bull Date: 2/19/19
Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal.
Inmate Signature: Date: / /
Refusal to Attend Disciplinary Hearing: I told Inmate that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating:
Inmate Signature: Date: / _/
Officer/Witness Signature: Disciplinary Hearing Officer/Unit Disciplinary Team Administrative Review Signature: Date: 2/20/9
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod) Revised: December 2014

Kľanecky, Christine

From:

Garland, Amie

Sent: To: Tuesday, February 19, 2019 8:48 AM Walsted, Carrie; Klanecky, Christine

Subject:

FW: whitford

FYI....Not sure if the tablet piece was included in the write up. Just thought it was some good information for the sanction portion.

From: Ramirez, Daniel

Sent: Sunday, February 17, 2019 9:48 PM

To: Garland, Amie <AGarland@mt.gov>; Coughlin, Brett <BCoughlin@mt.gov>; Peoples, Nathan <NPeoples@mt.gov>;

Cook, Nick < NCook@mt.gov>; Pica, Marcos < Marcos.Pica@mt.gov>

Subject: whitford

FYI,

Whitford received a write up for threatening / refusing direct order right at end of shift pretty much ... LT jamieson instructed us to leave Whitford where he currently is housed at this time. Whitford refused to give up his tablet and then threatened officer chambers during tablet pick up.

Thanks, Ramirez

-	LOCKED F	IOUSING Plan	
Name: Whitford, Makueeyape	ee MSP/DOC# 3015941 Da	te: 1/31/2019	
Housing Unit: LHU1 ST: P	Peoples UM: Garland		
Separation Needs: Atypi	ical designation(s) STG		
Activation of BMP within last	30 days ⊠ Yes □ No	BMP Clearance Date: 3	3/22/2018
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date: 9	Click here to enter a date.
Mental Health Referral/Contac	et within the last 30 days	Yes ⊠ No	
Monthly review from MH/The	erapist: Click here to enter te	XI.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 1	Recomm	nended Completion Level	: Level 5
Reason for initial placement:		Multiple locked housing	placements
Multiple disciplinary viola □ Property of the leaders		STG activity	placements
Refusal to leave locked ho		Diamning A carious distr	urbance/riot RECEIVED
□ Predatory/Violent/Assaulti □ Predatory/Violent/Assa		Planning A serious disti	ing death centence
☐ Escape, Attempt or Facilita		Death Sentence or pend	ing death sentence
Other Click here to enter to			FEB 08 2019
Special Housing Needs: ⊠ Spit Hood ⊠ Restriction	ns □ Bottom bunk/tier □	Water Restrictions(floodi	ng) Appassification & Placement Office
☐ Escort Procedures/Special	Security Procedures		
Whitford's Most recent discip for 4111, 4210(X3), 4213, 423 restarted him on his current let warned that if his behaviors co 1-5. To move up in the level s UMT can restart, move back, on 2/24/2019, and general pop	olinary hearing was on 1/11/2036, 4228, 4212, 4220(X2), 42 wel. The LHU-UMT has also continue the LHU-UMT was logistem he will need to mainta or extend the levels. Whiteforbulation on 2/24/2020. Whiteforbulation on 2/24/2020.	219 for 4212. Also, on 1/10 24. Due to this hearing being decided to extend his plant pooking at extending his level in clear conduct, if he does not restarted level 1 on 1/28 and's special housing needs	r Max placement on 12/6/2017. 0/2019(X6), 1/7/2019, and 1/4/2019 ing found guilty the LHU-UMT has in to include level 5. Due to being vels. Whitford's LHU-plan is levels is not keep clear conduct the LHU-8/2019. He will be eligible for level 2 is were reviewed this review period reviewed with inmate Whitford on a
1 Refusal to 8141 ST	refuse to	participate in my locked	housing status review.
Iappeal the current review to the it will be reviewed by the Adri	ne Unit Manager and that if I		I housing status and understand I may evels due to disciplinary or behavior
Locked Housing Unit ST: 5	7: peoples		
White-Mail	Yellov	v-6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D

	STATE OF MONTANA I	DEPARTMENT OF CORRECTION	S PECEIVED BY
	MSP → MWP □ C		RECEIVED BY
	The state of the s	ION REPORT / NOTICE OF HEARI	NG JAN 09 2019
		signatures on this form must be legible)	Orac Colo
	MAJOR		DISCIPLINARY
	1.11.116	11 1	
Inmate Name:	Whiteord	Makveeyapee First Name	ID# 30/594/
Date: 1-8-19	Last name	the of Incident: LHU Lower Job Assignment: 9999	A black
com/Cell: / 47	Housing Unit: / U()	Job Assignment: 9999	99
fraction Number	s) & Name(s) 4713 - Between	ing to obey direct order	-
	2, 32, 33, 34, 34, 34, 34, 34, 34, 34, 34, 34	7	
	4236 - Mary	aulating housing assignmen	est
	111		
Staff Witness: 1.	Set Cook	Other Inmates involved 1.	
escription of Viol	ation: (who what why where wh	nen and how). O. the char	deto and time
cscription of viol	ation (who, what, who, where,	and how). Of the good	Clare and I
he above i	lamed officer reads	nen and how): On the above ged to uncover his wind from his cell, when to	ou er respond A
tatt. white	and refused to move.	from his cell, when to	la by statt.
	,		
EDODEDIC CEA	THE CL UP.	dal (- 111. 11.
REPORTING STA	FF MEMBER: Go Hemps	int Name)	(Sign Name)
upervisor Review	Nick Chi	My Shit	will
apervisor review	(Pri	int Name)	(Sign Name)
nmate Status	☐ Pre-Hearing Confinement	Release to Previous Status	☐ Other
eason. 1 and	by on detention status	Telease to Trevious Status	
COTTEN	ig on determor (signas		
	for legibility, completeness, correctness of char-	ge, and to ensure all necessary information is attached (evidence, incident/witness reports,
556 11)/	31-1	19 811	1 1
(Shift Supervise	or's Signature)	(Date) (Warden or Designee S	ignature) (Date)
		RING/PREHEARING ACTION	
	this notice and have been informed of my right to		
Hearing Date: I understand the char	rge(s)? Yes No (if no, verbally explain t	Place:	
3. I waive my right to a	hearing? Yes No (if yes, have inmate sign	an Agreement/Waiver/Refusal form)	
 Present evidence and Other pertinent notation 		e has witnesses, have him/her complete a Witness Requ	uest form
		on of the sanctions as outlined in the insti	
	onal procedure. I also understand the ss statements, and my right to an app	at by refusing to sign I am waiving my he	aring, my right to
Malle	s statements, and my right to an app	7-10-19 Violised to	Sich
- //	(Stoff Signature)	(Data & Time) (Inme)	te's Signature / ID#)

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MINOR | Inmate's Name: ID# 301594 | Date: hutford Makuelya Infraction Number(s) & Name(s) a direct order + 423 ☐ I DO NOT UNDERSTAND THE VIOLATION -- ADDITIONAL ACTION TAKEN ☐ I DO UNDERSTAND THE VIOLATION Continuance granted to Date: By: Reason: ☐ Other: Plea: Guilty ☐ Not Guilty Offender refused to sign or attend **Inmate's Statement: Evidence Provided:** Infraction Report ☐ Not Guilty of # **Findings:** Evidence Relied On: For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Reason(s) for findings: his window + refused ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). ☐ I DO NOT WISH TO APPEAL Inmate's Signature / ID#: Offender

Attachment C

Copies to: Records (White)

MSP 3.4.1, Institutional Discipline

Parole Board-Majors only (Yellow)

Effective January 17, 2017

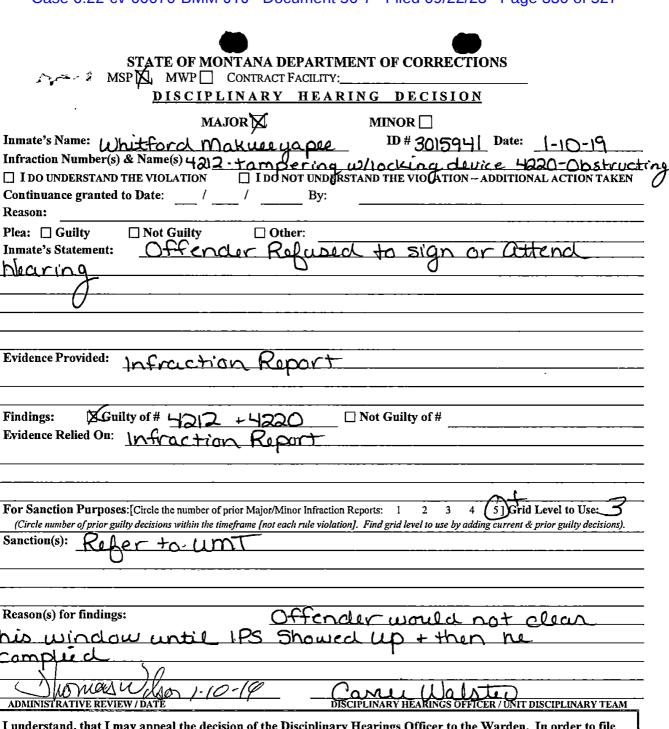
Inmate (Goldenrod)

Housing Unit (Pink)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:

	<u>Y INFRACTION REPORT / NOTICE OF HI</u>	EARING
(h	nformation and staff signatures on this form must be legible)	
	MAJOR 🔀 MINOR 🗌	
Inmate Name: Witford	Makueeyapee First Name	1D# <u>3015941</u>
Date: <u>1-8-19</u> Last name Time: 0		LA-77
Room/Cell: $\angle A$ -7 Housing Uni	it: LHU-1 Job Assignment: //	Nassigned 99999
Infraction Number(s) & Name(s)	12. Willfully tampering with, ockling device, force door, gate,	dans ix so flow Vine
0 /	million alexander of the state of the	orange is all accept
dou	ULICING ON VICE TERCE OLDER; GENC,	WINABU BY OTHER SATELY
#4	220 Intentionally obstructing,	hindering or impeding staff.
Staff Witness: 1. CO Hemsta	Other Inmates involved 1.	
2.	2.	
Description of Violation: (who, what, w	hy, where, when and how): 6N 1-8-19	inmate Witford was
given repeated direct or	ders for clear his window in L	A-7 call for Sexovity
and Safety CONCEVNS. He	vertical! The IPS Tean was ac	tivated and then had to
	all and recrested him to remar,	
1.1. + Ford refused The IR	5- Town had to scar up and go a	low of and roter-like (15
clothing from his cell. Be	fore the IPS went to his call w	- Have a broken for the service of the
Because of othis incident	A the Unit was clearly dis	worked
TOPE OF THE TREATMENT	W WE CHAIL WAS CHANGE OUTS	TO PARTY.
		-
	· · · · · · · · · · · · · · · · · · ·	
		
		······································
REPORTING STAFF MEMBER	Arch Call	
REPORTING STAFF MEMBER:	Nick Cook ghi	L Coll (Sign Name)
	Nick Cook ghi	Su Coly (Sign Name)
REPORTING STAFF MEMBER: Supervisor Review:	Wick Cook Shi	(Sign Name)
Supervisor Review:	(Print Name)	, - ,
Supervisor Review: Inmate Status: Pre-Hearing Con	(Print Name) finement	(Sign Name) (Sign Name) □ Other
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Currently on detection	(Print Name) finement 内 Release to Previous Status	Other
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Currently on detection	(Print Name) finement 内 Release to Previous Status	Other
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Currently on detection	(Print Name) finement A Release to Previous Status Status correctness of charge, and to ensure all necessary information is att	Other
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Currently on detention I have reviewed this report for legibility, completeness, etc.)	(Print Name) finement A Release to Previous Status Status correctness of charge, and to ensure all necessary information is att	Other
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Currently on detection I have reviewed this report for legibility, completeness, etc.) (Shift Supervisor's Signature)	(Print Name) finement A Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des	Other
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Currently on detection I have reviewed this report for legibility, completeness, etc.) (Shift Supervisor's Signature)	(Print Name) finement A Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des	Other
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Currently on detention I have reviewed this report for legibility, completeness, etc.) (Shift Supervisor's Signature) Not I have received a copy of this notice and have been informed by the statement of the statement	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. hrs. Place:	Other
Supervisor Review: Inmate Status:	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. 1/8/19 (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. 1/8/19 (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing.	Other
Supervisor Review: Inmate Status:	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. Ins. Place: In	ached (evidence, incident/witness reports, ignee Signature) (Date)
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Current on Ceterio I have reviewed this report for legibility, completeness, etc.) (Shift Supervisor's Signature) NO' I have received a copy of this notice and have been info 1. Hearing Date: NO' 2. I understand the charge(s)? Yes No (if we all reports) No (if yes No) 3. I waive my right to a hearing? Yes No (if yes No)	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. 1/8/19 (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. 1/8/19 (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing.	ached (evidence, incident/witness reports, ignee Signature) / / (Date)
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Supervisor Review: Inmate Status:	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. Ins. Place: In	ached (evidence, incident/witness reports, ignee Signature) (Date) ss Request form
Supervisor Review: Inmate Status:	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. Ins. Place: In	ached (evidence, incident/witness reports, ignee Signature) (Date) ss Request form
Inmate Status: Pre-Hearing Con Reason: Cucretty on detection I have reviewed this report for legibility, completeness, etc.) (Shift Supervisor's Signature) NO' I have received a copy of this notice and have been info 1. Hearing Date: No (if not 2. I understand the charge(s)? Yes No (if not 3. I waive my right to a hearing? Yes No (if ye 4. Present evidence and witnesses on my behalf. So Other pertinent notations: I understand, if found guilty, I will be subdisciplinary operational procedure. Talso witnesses and witness statements, and my	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. Ins. Place: In	ached (evidence, incident/witness reports, ignee Signature) (Date) ss Request form
Supervisor Review: Inmate Status:	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION med of my right to attend and present evidence at a hearing. Ins. Place: No verbally explain the charge(s) to the inmate). s, have inmate sign an Agreement/Waiver/Refusal form) Yes \[No If inmate has witnesses, have him/her complete a Witnesset to imposition of the sanctions as outlined in the understand that by refusing to sign I am waiving a right to an appeal.	ached (evidence, incident/witness reports, ignee Signature) (Date) ss Request form
Inmate Status: Pre-Hearing Con Reason: Cucretty on detection I have reviewed this report for legibility, completeness, etc.) (Shift Supervisor's Signature) NO' I have received a copy of this notice and have been info 1. Hearing Date: No (if not 2. I understand the charge(s)? Yes No (if not 3. I waive my right to a hearing? Yes No (if ye 4. Present evidence and witnesses on my behalf. So Other pertinent notations: I understand, if found guilty, I will be subdisciplinary operational procedure. Talso witnesses and witness statements, and my	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. Ins. Place: Ins. Place: Ins. Place: No verbally explain the charge(s) to the immate, so, verbally explain the charge(s) to the immate, so, have inmate sign an Agreement/Waiver/Refusal form) Yes \[No \] If inmate has witnesses, have him/her complete a Witnesset to imposition of the sanctions as outlined in the understand that by refusing to sign I am waiving no right to an appeal.	ached (evidence, incident/witness reports, ignee Signature) ss Request form e institutional inmate hy hearing, my right to
Inmate Status: Pre-Hearing Con Reason: Cucretty on detection I have reviewed this report for legibility, completeness, etc.) (Shift Supervisor's Signature) NO' I have received a copy of this notice and have been info 1. Hearing Date: No (if not 2. I understand the charge(s)? Yes No (if not 3. I waive my right to a hearing? Yes No (if ye 4. Present evidence and witnesses on my behalf. So Other pertinent notations: I understand, if found guilty, I will be subdisciplinary operational procedure. Talso witnesses and witness statements, and my	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. Ins. Place: Ins. Place: Ins. Place: No verbally explain the charge(s) to the immate, so, verbally explain the charge(s) to the immate, so, have inmate sign an Agreement/Waiver/Refusal form) Yes \[No \] If inmate has witnesses, have him/her complete a Witnesset to imposition of the sanctions as outlined in the understand that by refusing to sign I am waiving no right to an appeal.	ached (evidence, incident/witness reports, ignee Signature) ss Request form e institutional inmate hy hearing, my right to
Inmate Status: Pre-Hearing Con Reason: Currently on detection I have reviewed this report for legibility, completeness, etc.) (Shift Supervisor's Signature) NO' I have received a copy of this notice and have been info 1. Hearing Date: No (if not 2. I understand the charge(s)? Yes No (if not 3. I waive my right to a hearing? Yes No (if ye 4. Present evidence and witnesses on my behalf. So Other pertinent notations: I understand, if found guilty, I will be subdisciplinary operational procedure. Talso witnesses and witness statements, and my	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. Ins. Place: Ins. Place: Ins. Place: No verbally explain the charge(s) to the immate, so, verbally explain the charge(s) to the immate, so, have inmate sign an Agreement/Waiver/Refusal form) Yes \[No \] If inmate has witnesses, have him/her complete a Witnesset to imposition of the sanctions as outlined in the understand that by refusing to sign I am waiving no right to an appeal.	ached (evidence, incident/witness reports, ignee Signature) ss Request form e institutional inmate hy hearing, my right to
Inmate Status: Pre-Hearing Con Reason: Cucretty on detection I have reviewed this report for legibility, completeness, etc.) (Shift Supervisor's Signature) NO' I have received a copy of this notice and have been info 1. Hearing Date: No (if not 2. I understand the charge(s)? Yes No (if not 3. I waive my right to a hearing? Yes No (if ye 4. Present evidence and witnesses on my behalf. So Other pertinent notations: I understand, if found guilty, I will be subdisciplinary operational procedure. Talso witnesses and witness statements, and my	(Print Name) finement Release to Previous Status Correctness of charge, and to ensure all necessary information is att 1/8/19 (Date) (Warden or Des TICE OF HEARING/PREHEARING ACTION rmed of my right to attend and present evidence at a hearing. Ins. Place: Ins. Place: Ins. Place: No verbally explain the charge(s) to the immate, so, verbally explain the charge(s) to the immate, so, have inmate sign an Agreement/Waiver/Refusal form) Yes \[No \] If inmate has witnesses, have him/her complete a Witnesset to imposition of the sanctions as outlined in the understand that by refusing to sign I am waiving no right to an appeal.	ached (evidence, incident/witness reports, ignee Signature) ss Request form e institutional inmate hy hearing, my right to

EXHIBIT D EXHIBIT D



I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

I DO NOT WISH TO APPEAL

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

Inmate's Signature / ID#: Offend

MSP 3.4.1, Institutional Discipline

			RECEIVED BY
STA	TE OF MONTANA DEPARTM	MENT OF CORRECTIONS	VECEIVED BY
M M	SP MWP CONTRACT F	ACILITY:	JAN 0 0 2019
DISCI	PLINARY INFRACTION REPO	RT / NOTICE OF HEARIN	<u>IG</u>
	(Information and staff signatures on the MAJOR)	his form must be legible) MINOR	DISCIPLINARY
Inmate Name: Whit	ford, Makueey	g pee	ID# 3015947
1.9.19 Last	name 10/15	First Name	(0 - 0 - 1)
	Place of Incider	nt: LHW1 I	10-Cev
Room/Cell: 750-2 Ho Infraction Number(s) & Name(using Unit: Light 1	lob Assignment:	315mcv 17999
infraction (value) (s) & (value)		ulting any other	person CSTATI
	ect) to include of	a vendor, menb	Clarine Ecros
	Spit se men, 6/800	ed) to come in	contact with another
Staff Witness: 1. Mike	41	r Inmates involved 1.	
2. CO Wa		2.	
untila food	, what, why, where, when and ho	1 6's tall 100	tely 12:48
whit for rec	every me in the	threw the Cr	Pot water in
ary another	THE SHIP OF THE	THE WINT THOW	of my mill
	- 1	11	
REPORTING STAFF MEMBI	ER: NIK COOL	The	Corlo
Supervisor Review:	(Print Name)		(Sign Name)
Supervisor Review.	(Print Name)		(Sign Name)
Inmate Status:	aring Confinement	se to Previous Status	Other
Reason: Currently on a			
	ompleteness, correctness of charge, and to ensure	all necessary information is attached (e	vidence incident/witness reports
etc.)		, and the state of	, mener, meneral visites reporte,
(Shift Supervisor's Signature)	(Date)	(Warden or Designee Sig	nature) (Date)
	NOTICE OF HEARING/PREHI		(Sittle)
I have received a copy of this notice and he	we been informed of my right to attend and pres-	ent evidence at a hearing.	
1. Hearing Date.	Time:hrs. Place:	Citto	
3. I waive my right to a hearing? Yes	☐No (if yes, have inmate sign an Agreement/	Waiver/Refusal form)	4.5
Other pertinent notations:	y behalf. Yes No If inmate has witnesses,	nave nim/ner complete a Witness Reque	st torm
I understand, if found quilty I w	vill be subject to imposition of the sar	ections as outlined in the institu	itional inmate
	ire. I also understand that by refusin		
witnesses and witness statements	s, and my right to an appeal.	00 11-	
- Marie	e) /-/0-/9	Kota en to Sa	s Signature / ID#)
/ (Staff Signatur			

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

DISCIPLINARY HEARING DECISION
MAJOR Name: Minor Minor Date: 10 Minor Minor Make Minor Make Minor Make Minor Minor
Plea: Guilty Other: Inmate's Statement: Offender Refused to sign or attend hearing
Evidence Provided:
Findings:
,
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 1 Days Detention to run consecutively with Disp from 01/02/19. Refer to UMT, END 101-28-19
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 11 Days Detention to run consecutively
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 11 Days Detention to run consecutively with Disp from 01/02/19. Refer to UMT, END 101-28-19. Reason(s) for findings: Offender threw water in
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 11 Days Detention to run consecutively with Disp from 01/02/19; Refer to UMT, END 101-28-19 Reason(s) for findings: Offender threw water in a staff members face Momes what 1/019 Carrie Walsto

Attachment C

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP M. MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

	MAJOR	MIN MIN	OR 🗌	
Inmate Name: 2/1	iteford	Ma	Ruegapee	ID# <u>301594/</u>
Inmate Name: 2/1 Date: 1-8-19 Room/Cell: 12-7 Infraction Number(s) & Name	ast name	Place of Incident:	First Name HU1 Journ A	Hack
Room/Cell: 1.4.7	Housing Unit:	- 1. H//1 Inh A	ssignment. 99900	<i>B1001</i> (
Infraction Number(s) & Nat	ne(s) 4278 Faile	ice to obe	es Woithen Oal	Me / Man- Lineal
minaction (value) (3) & 14a	Droc	edure	y willey pop	1597 OPENETIONAL
	<i>P1-00</i>		· · · · · · · · · · · · · · · · · · ·	
Staff Witness: 1.		Other Inm	ates involved 1.	
2			2	
Description of Violation: (MITAMENTE Zuhiteford Section G. Policy.	ho, what, why, where,	when and how): <u>c</u> <u>Ao # 3</u>	on above def 015941 disober ther he wo	e 3 a pox tine y the BMP y not cloud to
			· · · · · · · · · · · · · · · · · · ·	
				
		 		
REPORTING STAFF MEM	IBER: <u>co Aaroq</u>	2/0-0	_ o A	2
Supervisor Review:	4/10	(Print Name)	0/1	Sign Name)
Supervisor Review.		(Print Name)		Sign Name)
Inmate Status:	Hearing Confinement	□ Palassa to 1	Provious Status	☐ Other
Reason: Currently on				
I have reviewed this report for legibilit	y, completeness, correctness of	charge, and to ensure all nec	essary information is attached (evi	dence, incident/witness reports,
etc.) Shift Supervisor's Signatu	,	1/8/19 (Date)		
(Shift Supervisor's Signatu			(Warden or Designee Sign	ature) (Date)
I have received a copy of this notice a	NOTICE OF HI	EARING/PREHEARIN	VG ACTION	
1. Hearing Date: / 10 /	hr	s. Place:	<u> </u>	
 I understand the charge(s)? I waive my right to a hearing? 	Yes No (if no, verbally explicate			
 Present evidence and witnesses o 	n my behalf. Yes No If ir	mate has witnesses, have hi	m/her complete a Witness Request	form:
5. Other pertinent notations:				
I understand, if found guilty,				
disciplinary operational proc			ign I am waiving my beari	ng, my right to
witnesses and witness statem	ents, and my right to an	appeal! 16-19	hanced to	Sign
(Staff Sign	ature)	(Date & Time)	(Inmate's	Signature / ID#)
(5.31.5)g.		\)	· · · · · · · · · · · · · · · · · · ·	

Attachment B

MSP 3.4.1, Institutional Discipline





STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:

WISH A WINT CONTRACT FACILITY.
7 DISCIPLINARY HEARING DECISION
MAJOR X MINOR □
Inmate's Name: Whitford Makuelyapee ID# 3015941 Date: 1-10-19
Infraction Number(s) & Name(s) 4228-Fortune to obey written policy. I DO UNDERSTAND THE VIOLATION I I DO NOT UNDERSTAND THE VIOLATION—ADDITIONAL ACTION TAKEN
_
Continuance granted to Date: / / By: Reason:
Plea: Guilty Not Guilty Other:
Inmate's Statement: Offender refused to sign + attend
hearing.
Evidence Provided: Infraction Report
Findings: Guilty of # 4228
Evidence Relied On: Infraction Report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): Refer to LIMIT
Reason(s) for findings:
Sheriot i character to give up
his property to be put on a section 6
Monas Willow 1-10.18 Carry Walter
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s).
Inmate's Signature / ID#: Offender Reluxed to Svan Infraction
minute 5 Digitature / ID#. OF CHILLY TUBE OF TOUTY WITH ACTION
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline





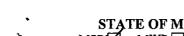
LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyape	ee MSP/DOC# 3015941 Date	e: 1/8/2019	
Housing Unit: LHU1 ST: P	eoples UM: Garland		
Separation Needs: Atypi	cal designation(s) STG		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 3	/22/2018
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date:	lick here to enter a date.
Mental Health Referral/Contac	et within the last 30 days \(\square\)	res ⊠ No	
Monthly review from MH/The	rapist: Click here to enter text		
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 1	Recomme	ended Completion Level:	Level 4
Summary of current status and Whitford's Most recent disciping LHU-UMT has restarted him to Due to being warned that if his plan is levels 1-4. To move up the LHU-UMT can restart, most for level 2 on 2/24/2019, and greview period and the LHU-U Whitford on a monthly basis. 1 Jection for Sign Sign Sign Sign Sign Sign Sign Sign	ation to Escape Bottom bunk/tier Security Procedures I recommendations: Inmate Whinary hearing was on 12/26/20 on his current level. The LHU is behaviors continue the LHU-in the level system he will need to be back, or extend the levels. It is general population on 2/24/202 MT has decided to make no characteristics. The property refuse to prove the Unit Manager and that if I amin Review Committee.	Thitford was approved for 118 for 4212. Due to this UMT has also decided to UMT was looking at extend to maintain clear conduction. Whiteford restarted level 10. Whitford's special housanges at this time. This participate in my locked hourticipated in my locked	ing death sentence ag) ADA Max placement on 12/6/2017. hearing being found guilty the extend his plan to include level 4. ending his levels Whitford's LHU- cuct, if he does not keep clear conduct 1 on 12/24/2018 He will be eligible using needs were reviewed this a plan will be reviewed with inmate
Locked Housing Unit ST:	regn		
White-Mail	Yellow-	6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D

	STATE OF M	IONTANA DEP	ARTMENT (OF CORRECTIO	NS RECEN	VED BY 6
	$MSP \boxtimes M$	WP CONTI	RACT FACILITY	/:	_	
				OTICE OF HEAD	RING JAN 0	8 2019
	(Inf	ormation and staff signal			mindia.	
	11/10	MAJOR 💢	MINO			LINARY
Inmate Name:	Whit Ford	V	Mak	ecya Dec	ID# <u>3</u>	15941
Date: 1-7-19	Time: 19	Place of	Incident:	44-1		
Room/Cell: 44	7 Housing Unit	LHU-1	Job Ass	ignment: 9990	1 UNGSSIC	ned
Infraction Number(s)	& Name(s)				_	
	422	D-Intent	orally	lify propering s	taff	od ing
Staff Witness: 1. 0f	Ficer Ful	ner	Other Inmate	es involved 1		
				_	,)	1
Description of Violat					bove da	te
and time	innate	whit fore	Floo	oded 4C	·1 + 4.C.	2
cells. I of	sened the	plumbu	is chas	e and	any time	11
either cen'	chase. S	All the	es way	er shoot	3 1710	The
CEOULO	in the	evera. In	NO COUSE	had to	1. Mil En	ded
Flooding (Ont	Jemuse	THE TOTAL OF THE TANK	WWI FO	14
. 10001.5	Divers					
					S. (-1-5)	
				1	1 -	
REPORTING STAFF	F MEMBER:	laniel Bani	NA	Sould	muna-	7
Commenters Descious		(Print Nar	me)		(Sign Name)	
Supervisor Review:		(Print Nar	ne)	_	(Sign Name)	
Inmate Status:	Pre-Hearing Conf			avious Status		
Reason:	rie-nearing Coni	mement	Release to Pro	evious Status	☐ Other	
reason.					1	
I have reviewed this report fo	r legibility, completeness, c	orrectness of charge, and	to ensure all neces;	ary information is attache	ed (exidence, incident/wi	tness reports,
1			19) lomas	Mon	1,8,19
(Slast Supervisor)	and the second s	(Date	The state of the s	(Warden or Designee	e Signature)	(Date)
I have received a copy of this 1. Hearing Date: // 2. I understand the charge(notice and have been information 10 / 19 Time:	verball explain the char	and present evidence: LHUZ	ce at a hearing.		_
Present evidence and wi Other pertinent notation	tnesses on my behalf. Y	es No If inmate has w	vitnesses, have him/	her complete a Witness Re		
I understand, if found disciplinary operation witnesses and witnesses	al procedure. I also u	nderstand that by ight to an appeal.	refusing to sign	ns outlined in the ins n I am waiving my h	stitutional inmate nearing, my right t	ō
Aukur		1-7				
()	Staff Signature)	(I	Date & Time)		nate's Signature / ID#)	
				/ /1	1	
				I/m ONSEC	acknowled	ply

MSP 3.4.1, Institutional Discipline





STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MSP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION

MAJOR ⋈ MINOR □
Inmate's Name: Uhitford Makuseyapee ID# 3015941 Date: 01-10-19
Infraction Number(s) & Name(s) 4210 · Flooding 4220 - Impeding staff
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: / By:
Reason:
Plea: Guilty Other:
Inmate's Statement: Offender refused to sign infraction
or attend his hearing
<u> </u>
Evidence Provided: Infraction Report
Findings: Guilty of # 4210 - Flood in g 4220 Not Guilty of #
Evidence Relied On:

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): Fine 521 22
Paggar(a) for findings
Reason(s) for findings: Offender flooded his room
and caused staff to move other inmates to other
celly
(MANUALL) LAGAS 1.10.18 Carala M.
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☐ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Offender Refused to come to Maring
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline







Montana Department of Corrections

Statement of Incident

Contract of the second	Otatomon	. or moraone		
Title: Whitford flooding			Statement #:	21379
Incident Date: 01/07/2019	Incident Time:	07:30 PM	Statement Date:	01/07/2019
Jurisdiction: Montana State Prison	n			
Incident Scene				
Incident Occurred at Facility? Ye	s			
Location: Montana State Prison/M	laximum Security/L	ocked Housing Unit	1/A/LOWER/7/LHU-1	
Summary of Incident				
On the above date and time inmate connected to that plumb chase to on house moves had to be done to acc in LC-1 told us that inmate Whitford escorting inmate Whitford before cuinto a fight but Whitford complied the give his state clothing and glasses for Whitford was not suicidal to leave Whitford.	verflow. Whitford in commodate inmate was going to attern ffing him up he tool rough the escort to or Sec. G BMP. Sg	LC-2 and inmate Ba Baughn due to him opt to fight staff while this glasses off as A-Block until being t. Ramirez notified (aughn,H#3014967 in LC-1. being in a wheelchair. Inma e being escorted to A-Block someone might do if planni placed in LA-7. Whitford re Command Post and it was	Several in ate Baughn K. While ing to get ifused to decided as
Involved Persons				
No Individuals are associated with the	his Incident Statem	ent		
Sauras and Danimantation				
Source and Documentation Confidential Informant: No				
Information Source: Offender - W	/hitford. Makueevar	pee 3015941		
Reporting Staff: Fulmer, Cam			Correctional Officer	
	-0		1-10	
Signature: Langua 18-6	w	Date:	117/19	
Notes				
No Notes are associated with this In	icident Statement			
NOTE: Supervisors must review	w all reports for	accuracy before	signing off	
	0 . 1	1 11 11	1 /	
Supervisor Review and Remarks:	Reviewed a	nd distrib	Ned	
Supervisor Name: 556	Frotis	Title:	556	
Signature:			1-7-19	
Routing List (Place an X next to				
Helena Office		rity Major	Medical	
MSP Duty Officer		Manager	Maintena	
Warden or Designee		mand Post		tor's Office
Deputy Warden	Inma	te Records File	MCE	
Associate Warden	Inma	te Unit File	Safety Co	mmittee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2



Montana Department of Corrections

Statement of Incident

Title: Whitford flooding Statement #: 21379
Incident Date: 01/07/2019 Incident Time: 07:30 PM Statement Date: 01/07/2019

Jurisdiction: Montana State Prison

____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

	F MONTANA DEPARTMENT		RECEIVED BY
	MWP CONTRACT FACILITY		
• <u>DISCIPLIN</u>	ARY INFRACTION REPORT / N (Information and staff signatures on this form m		JAN 08 2019
	MAJOR ✓ MINO		DISCIPLINARY
Inmate Name: Lihit Gos	-d M	akvelyapee	ID# 3015941
Last name	Fi	rst Name	2010 1 11
Date: 1-7-19 Time:	2100 Place of Incident: L	HU-1 LA-7	
Room/Cell: <u>LA-7</u> Housing Infraction Number(s) & Name(s)	Unit: Job Ass	signment: 9999 U	nassigned
Karamatan rumber(s) & rume(s)	1210 - Damaging Fo	icility proper	1v
	3.5	THE PARTY	1
<u>-</u>			
Staff Witness: 1.	Other Inmat	es involved 1.	
2.		2.	
Description of Violation (ask a subst		a 11 1	1 /
Description of Violation: (who, what	while count		ve date
inmata white	asked me	- What at	out my
cloths? Whit ford	refused to give	e his glasse	5 and
cloths, to staft	after going	Sec. G BMP	and it,
being suicidal b	y Command Post	Tim due	10 ng4 11
Showed me he	y Command Post,	Dents 110	and then
Stuffed them	down his toile	+ to cause	LAS to
Flood like he	did on CE	Block LCZ.	+ LCI cells
DEDODTING STAFF AGAINS		111	/
REPORTING STAFF MEMBER:	Daniel Panirez	- Set tan	WW Name)
Supervisor Review:	D.S. M.		
L St. D. H.	(Print Name)		Name)
Reason: Carrety on		evious Status	Other
		Mark Colonian	
I have reviewed this report for legibility, completen etc.)	less, correctness of charge, and to ensure all neces	sary information is attached (evidence	e, incident/witness reports,
(Shift Supervisor's Signature)	(Date)	(Warden or Designee Signature) / (Date)
1	NOTICE OF HEARING/PREHEARING	ACTION	(Date)
I have received a copy of this notice and have been 1. Hearing Date: / /	informed of my right to attend and present eviden Fime: hrs. Place:	ce at a hearing.	
	if no, verbally explain the charge(s) to the inmate if yes, have inmate sign an Agreement/Waiver/Re		
Present evidence and witnesses on my behalf.	Yes No If inmate has witnesses, have him/	her complete a Witness Request form	
5. Other pertinent notations:	whice to imposition of the accord	an and lined in the standard	11
I understand, if found guilty, I will be s disciplinary operational procedure, I a			
witnesses and witness statements, and		8,	
(Staff Signature)	(Date & Time)	(Inmate's Sign	ature / ID#)

MSP 3.4.1, Institutional Discipline





STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION

· ·
Inmate's Name: Whitford, Makuseyapee ID# 3015941 Date: 01-10-19
Infraction Number(s) & Name(s) 4210-Damaging Facility property.
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date:/ By:
Reason:
Plea: Guilty Not Guilty Other: Inmate's Statement: Coffee door Co
Inmate's Statement: Offender refused to attend Hearing
Evidence Provided: Infraction Report
Findings: Guilty of # 4210
Evidence Relied On: Infraction Report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 6 Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Root itution
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Root itution
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): \$\frac{8}{8}\$ Root itution
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Root itution
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Root itution
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Reason(s) for findings: Offender ripped his scrub bottoms Manual Walter,
Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Sanc
Reason(s) for findings: Offender ripped his scrub bottoms ADMINISTRATIVE REVIEW / DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
Reason(s) for findings: Offender ripped his scrub bottoms Sinction(s): \$8 Root: Fution Offender ripped his scrub bottoms Sinction(s): \$100.19 Captal Hearings of Ficer (Unit disciplinary Team I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
Reason(s) for findings: Offender ripped his scrub bottoms Sinction(s): \$8 Reading current & prior guilty decisions). Offender ripped his scrub bottoms ADMINISTRATIVE REVIEW / DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
Reason(s) for findings: Offender ripped his scrub bottom Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Reason(s) for findings: Offender ripped his scrub bottom Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Reason(s) for findings: Official number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Official ripped his scrub bottom. Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

Attachment C

MSP 3.4.1, Institutional Discipline

MSP Incident Report for BMP Activation

	•	Inmate:	Whitford, Mak	ueeyapee	3015	941	<u>Max</u>
		·	Name '		AO/ID number		Classification
1.		Location:	LHU-1	I	⊠ cellblock:	LA-7	
3.		Is this inma	ate on the current	BMP clearance	e list? YES:	NO:	x
		Start date:_	1-7-19	End Date: <u>1-8</u>	<u>-19</u>		
		If not on B	MP clearance lis	st initiate a sect	ion G.		
4.		Date and ti	me of incident:	1-7-19			
5.		Nature of in ☐ Inmate-	ncident: on-inmate assault	Inmate-on-st	aff assault	Flooding	cell [X]
		Destruction	on of state property	threatening :	self-harm		
7.	1	Use of force If use of fo (for details Name of the	ed plumbing chas be required? Yhe ree was required refer to Use of F be Command Post eson Time this p	ES Nowas it Er	O nergent Calcu <i>eports)</i> vho was conta		ding plan activation:
8.		Placement:	LA-7 ☐ Safety Manag	ement Cell-1			
9.			ift Commander no er? X Yes:	•	mental health ed by Mental	-	nal and Warden or
			Sgt. Ramirez	1-	7-19		
			Staff M				Date

Attachment C

Effective November 16, 2009

MSP 3.5.5, Behavior Management Plans

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: JAN 0	VED BY
	8 2019
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING	1010
(Information and staff signatures on this form must be legible) MAJOR MINOR MINOR	LINARY
Inmate Name: Whitford Makuee Yapee ID # 30 Last name First Name	15941
Date: 1-7-19 Time: 2230 Place of Incident: LHU-1 LA-7	
Infraction Number(s) & Name(s) 4242 - W. Il Fully from December 14 to James 1989	on block w
a locking device, rence, door, gate, window.	·
Date: 1-7-19 Time: 2230 Place of Incident: LHU-1 LA-7 Room/Cell: LA-7 Housing Unit: LHU-1 Job Assignment: Infraction Number(s) & Name(s) 4212 - w.'llfully fam penny with damaging a locking device rence doon gate window. 4213- Refusing to Immediately obey a villent of the command from any state.	erbal A Membe
Staff Witness: 1 Other Inmates involved 1	
Description of Violation: (who, what, why, where, when and how): On the above date	eand
eppoximate time, I (% Bowman) was conducting a wallethous woticed I'm Whitford % \$#3015471 had his window covered is security blanked. I then gave I'm whitford a direct to take it down and he did not respond. E.D.R.	ah and
is security blanked. I then gave I'm whitford a direct	orden
to take it down and he did not respond. E.D.R.	7
	al- a
DEPOSITACIONES A RELIGIOSES A R	
REPORTING STAFF MEMBER: A Bouman (Print Name) A Boumen (Sign Name)	
Supervisor Review:	
Supervisor Review: (Print Name) Sign Name)	
Supervisor Review:	
Supervisor Review: Inmate Status: Pre-Hearing Confinement Release to Previous Status Other	itness reports,
Supervisor Review: Compared to the pre-Hearing Confinement Confinem	itness reports,
Supervisor Review: Inmate Status: Pre-Hearing Confinement Release to Previous Status Other	itness reports,
Supervisor Review: Inmate Status: Pre-Hearing Confinement Reason: I have reviewed this report for legibility completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/wietc.) NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.	
Supervisor Review: Inmate Status: Pre-Hearing Confinement Release to Previous Status Other	
Supervisor Review: Inmate Status: Pre-Hearing Confinement Reason: Pre-Hearing Confinement Reason: Pre-Hearing Confinement Pre-Hearing	
Inmate Status:	(Date)
Inmate Status: Pre-Hearing Confinement Reason:	(Date)

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR,⊠ MINOR □
Inmate's Name: Whitford Makueeyapee 10#3015941 Date: 01-11-19
Infraction Number(s) & Nature(s) 4212. Tampering willocking device 4213. Refusing clinic I do understand the violation I do not understand the violation - Additional action taken
Continuance granted to Date: / By:
Reason:
Plea: Guilty Other: Inmate's Statement: Offendly refused to sign
Evidence Provided: Infraction Report
Findings: \Quad Guilty of # 4212 +4213 Not Guilty of #
Evidence Relied On: Infraction Report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): Refer to UMT already has 28 days detention
Reason(s) for findings: and refused to take it down
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#: Offender Refused to Signature
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

1

MSP 3.4.1, Institutional Discipline

				RECEIV	ED BY
		ΓANA DEPARTME Contract Fac	NT OF CORRECTION	NS JAN 0	3 2019 E
77			/ NOTICE OF HEA	RING DISCIPL	INARY
		on and staff signatures on this f			
Inmate Name:	Whit tolk	MAKUERYAP	ce	ID#	15941
Date: 01/02/19 Room/Cell: 085 Infraction Number(s)	Last name Time: _/200 Housing Unit: & Name(s) 42.16				
Description of Violation	on: (who, what, why, when the white Cold white Cold white white	here, when and how):			
REPORTING STAFF	MEMBER:	Print Name	Agg.	(Sign Name)	
Supervisor Review:	H.	(Print Name)	200	(Sign Name)	>
Inmate Status:	Pre-Hearing Confineme		o Previous Status	Other	
etc.)	egibility, completeness, correctne	ess of charge, and to ensure all			
(Shift Supervisor's	NOTICE O	F HEARING/PREHEAR	(Warden or Designer	: Signature)	(Date)
Hearing Date: I understand the charge(s) I waive my right to a hear.	otice and have been informed of r	my right to attend and present enter him. Place: y explain the charge(s) to the internate sign an Agreement/Waix	widence at a hearing.	equest form	_
witnesses and witness st	nity, I will be subject to in procedure, I also unders a legically, and my right to ff Signature)	tand that by refusing to	sign I am waiving my h	earing, my right to	<u>'H</u>
(Sta	ii oignature)	(Date & Time)	· (Inn	nate's Signature / ID#)	

MSP 3.4.1, Institutional Discipline



TATE OF MONT	ANA DEPARTMENT OF CORRECTIONS
ISP X MWP□	CONTRACT FACILITY:

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions							
Agreement	Waiver to Attend Hearing [Refusal	to Attend Hearing 🗌				
Inmate Name: Whitford, M	lakueeyopee		015941				
Date: 1 / 7 / 19 Time: 10:54 Housing Unit: LH(1)							
Infraction Number(s) and Description:	-1210 - Destroyino	or damaging fac	ility property				
		<u>.</u>					
Agreement: It is the judgment of t guilty on the violation(s) listed above.	he DHO/Housing UMT that	there is sufficient evidence	for a finding of				
For Sanction Purposes: [Circle the number (Circle number of prior guilty decisions within the tin Sanctions:	of prior Major/Minor Infraction Rep reframe [not each rule violation]. Fin	orts: 1 2 3 4 (5]) d grid level to use by adding consent	Grid Level to Use 3 & pripinguilty decisions).				
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.							
Inmate Signature: \(\int \text{N(i)}\text{V(i)}V(0 51911	Date:_	1 / 1 / 1				
Waiver to Attend Disciplinary H	earing: Inmate waives righ	t to hearing and appeal.					
Inmate Signature:		Date:_	1 1				
☐ Refusal to Attend Disciplinary H	earing:		·				
I told Inmate(S)he was advised that the hearing would pro	that it was time	e for his/her hearing. (S)he refi wided. (S)he still refused/declii	used/declined to attend. ned stating:				
Inmate Signature:		Date:_	/				
Officer/Witness Signature:	· · · · · · · · · · · · · · · · · · ·		Date: / /				
Disciplinary Hearing Officer/Unit Disci	plinary Team	if 1/1	Date: / 9				
Administrative Review Signature:)homaen	llson	Date: 1/7/19				
Copies to: Records (White) Parole Be Revised: December 2014	oard-Majors only (Yellow)	Housing Unit (Pink) Ir	nmate (Goldenrod)				







Montana Department of Corrections

Statement of Incident

	<u></u> _
Title: Whitford flushed write-up	Statement #: 21187
Incident Date: 01/02/2019 Incident Time: 12:00 PM	Statement Date: 01/02/2019
Jurisdiction: Montana State Prison	,
Incident Scene	
Incident Occurred at Facility? Yes	
Location: Montana State Prison/Maximum Security/Locked Housing U	Jnit 1/B/UPPER/5
Summary of Incident	
On the above day and approximate time I, Sgt. Coughlin was on B-Blochis hearing. I was told from C/O Bellusci that I/M Whiford, M. #3015941 serving. I advised C/O Bellusci to write him up again for destruction of s	had flushed a write-up that he was
· ·	•
EOR	
Involved Persons	
Category Person Narrative	
Staff Bellusci, George	
Offender Whitford, Makueeyapee - 3015941 3015941	
Source and Documentation	
Confidential Informant: No	
Information Source: Staff - Coughlin, Brett	
Reporting Staff: Coughlin, Brett Titl	le: Correctional Officer Sgt
Signature: Date of the Date of	te: <u>1.2.19</u>
Notes	· •
No Notes are associated with this Incident Statement	·
NOTE: Supervisors must review all reports for accuracy befo	re signing off
Committee Devices and Devices	
Supervisor Review and Remarks:	
Supervisor Name: Titl	le:
Signature: Dat	te:
Routing List (Place an X next to those this report will be distr	ibuted to):
Helena Office Security Major	Medical
MOD Duty Office	•
MSP Duty Officer Unit Manager >	Maintenance
Warden or Designee Command Post	Maintenance Investigator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Page 1 of 2

No.		7
STATE	OF MONTANA DEPARTMENT OF CORRECTIONS	
	OF MONTANA DEPARTMENT OF CORRECTIONS MWP CONTRACT FACILITY:	
	NARY INFRACTION REPORT / NOTICE OF HEARING	
, bisch in	(Information and staff signatures on this form must be legible)	
	MAJOR [MINOR [
Inmate Name: WAIT fcr	d., Makveeyapee ID# 30 First Name 2050. Place of Incident: LCH 1	15941
Date: 1/1/19. Time:	2050. Place of Incident: L C 14 1	
Room/Cell: $U = U$ Housing	Unit: 1c H 1 Job Assignment: 801 Labor po	301
Infraction Number(s) & Name(s)	41224. Deliberate. 415 use of an aut	Horized
	Medication, indictuding unauthorized	d·
_	Medica Tion	
Staff Witness: 1.	Other Inmates involved 1.	
2	2.	
Description of Violation: (who, what	it, why, where, when and how): On above Tiur a	d
_ pate 7 clo Bro	oun was escenting THE NUVER ON	a oill
Pass. ast sta	spred at up F 6 whit feed ask	led
	f 9 Small package TO Nergue	ary,
Black as 17	was His Birt Hday. I Left	757
GO to a l TV	ENT TO THE SOT'S OFFICE QU	na.
Sugil Dills	+ package. IT contained sev	traj
-	T - 0	
	EOR	
- i	€ O R	
REPORTING STAFF MEMBER.		
REPORTING STAFF MEMBER:		<u> </u>
REPORTING STAFF MEMBER: Supervisor Review:	Robert Brown Roll Brown Sgt Rica SgA Rica	\
Supervisor Review:	Robert Brown Rout Brown Soft Fica Soft (Print Name) (Print Name) Soft (Sign Name)	<u>. </u>
Supervisor Review: Inmate Status: Pre-Hearing C	Robert Brown Sgt (Print Name) Confinement Robert Brown Rout Brown Soft (Sign Name) Soft (Sign Name) Confinement Other	<u>.</u>
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Not an Imp	Robert Arcun Routh Brown Sat Vica Soft (Sign Name) Confinement A Release to Previous Status Other	·
Supervisor Review: Inmate Status: Pre-Hearing Con Reason: Not an Imp	Robert Brown Satt Brown Satt Brown Sign Name) Confinement Release to Previous Status Other Product Horeat December 1 and to ensure all necessary information is attached (evidence, incident/witness)	·
Supervisor Review: Inmate Status: Pre-Hearing C Reason: A an Image I have reviewed this report for legibility, completen	Robert Brown Satt Brown Satt Brown Satt Brown Satt Brown Sign Name) Confinement Prediate Hareat Descriptions and to ensure all necessary information is attached (evidence, incident/witness)	ess reports,
Supervisor Review: Inmate Status: Pre-Hearing C Reason: Of an image of the complete of the co	Robert Brown Sqt (Pript Name) Sqt (Sign Name) Confinement A Release to Previous Status Other Confinement Other	·
Supervisor Review: Inmate Status: Pre-Hearing C Reason: I have reviewed this report for legibility, completenetc.) (Shift Supervisor's Signature) I have received a copy of this notice antiquate been 1. Hearing Date:	Robert Arcun Routh Brown Sqt (Print Name) Confinement Release to Previous Status Other Confinement Arcun (Sign Name) Confinement Other Confinement Marchael (Sign Name) (Sign Name) Other Confinement Marchael (evidence, incident/witness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness) (Date) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION informed of myright to attend and present evidence at a hearing.	ess reports,
Supervisor Review: Inmate Status: Pre-Hearing Content of the pre-Hearing C	Robert Brown Sqt (Pript Name) Sqt (Sign Name) Soft (Sign Name) Confinement Release to Previous Status Other Product Howard ness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness) (Date) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION informed of any right to attend and present evidence at a hearing. Time: Action (Inc. Place: Time) (If no, verbally explain the charge(s) to the inmate)	ess reports,
Supervisor Review: Inmate Status: Pre-Hearing Content of the present end of the pre-Hearing Content of the present end of the	Robert Arcun Routh Brown Sqt (Print Name) Confinement Release to Previous Status Other Confinement Arcun (Sign Name) Confinement Other Confinement Marchael (Sign Name) (Sign Name) Other Confinement Marchael (evidence, incident/witness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness) (Date) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION informed of myright to attend and present evidence at a hearing.	ess reports,
Inmate Status: Pre-Hearing Content of the present exidence and witnesses on my behalf.	Robert Arcun Rauta Bucu Sqt (Print Name) (Print Name) Confinement Release to Previous Status Other Arcunate Harcat ness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness) (Date) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION informed of myright to attend and present evidence at a hearing. Time: Place: (if no, verbally explain the charge(s) to the inmate). (if yes, have inmate sign an Agreement/Waiver/Refusal form) Yes No If inmate has witnesses, have him/her complete a Witness Request form	ess reports,
Inmate Status: Pre-Hearing Content of the present evidence and witnesses on my behalf Supervisor Review: Pre-Hearing Content of the present evidence and that the present evidence and witnesses on my behalf I understand, if found guilty, I will be so disciplinary operational procedure. I all	Robert Brown Sq. (Print Name) (Print Name) (Sign Name) (Sign Name) (Sign Name) (Sign Name) (Sign Name) (Sign Name) (Other Product Are Area of Confinement	ess reports,
Inmate Status: Pre-Hearing Content of the present evidence and witnesses on my behalf I have received a copy of this notice and thave been I hearing Date: / / / / / / / / / / / / / / / / / / /	Robert Brown Sq. (Print Name) (Print Name) (Sign Name) (Sign Name) (Sign Name) (Sign Name) (Sign Name) (Sign Name) (Other Product Are Area of Confinement	ess reports, // (Date)
Inmate Status: Pre-Hearing Content of the properties of the presentation of the presen	Robert Arcun Raut Bucu Sign Name) Sqt (Print Name) Sqt (Sign Name) Confinement Release to Previous Status Other Confinement Release to Previous Status Other Confinement Wave At Release to Previous Status Other (Sign Name) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION Informed of naviright to attend and present evidence at a hearing. (If no, verbally explain the charge(s) to the immate). (If yes, have inmate sign an Agreement/Waiver/Refusal form) Wes No If inmate has witnesses, have him/her complete a Witness Request form Subject to imposition of the sanctions as outlined in the institutional inmate also understand that by refusing to sign I am waiving my hearing, my right to my right to an appeal.	ess reports,
Inmate Status: Pre-Hearing Content of the present evidence and witnesses on my behalf Supervisor Review: Pre-Hearing Content of the present evidence and that the present evidence and witnesses on my behalf I understand, if found guilty, I will be so disciplinary operational procedure. I all	Robert Brown Sq. (Print Name) (Print Name) (Sign Name) (Sign Name) (Sign Name) (Sign Name) (Sign Name) (Sign Name) (Other Product Are Area of Confinement	ess reports, // (Date)
Inmate Status: Pre-Hearing Content of the properties of the presentation of the presen	Robert Arcun Raut Bucu Sign Name) Sqt (Print Name) Sqt (Sign Name) Confinement Release to Previous Status Other Confinement Release to Previous Status Other Confinement Wave At Release to Previous Status Other (Sign Name) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION Informed of naviright to attend and present evidence at a hearing. (If no, verbally explain the charge(s) to the immate). (If yes, have inmate sign an Agreement/Waiver/Refusal form) Wes No If inmate has witnesses, have him/her complete a Witness Request form Subject to imposition of the sanctions as outlined in the institutional inmate also understand that by refusing to sign I am waiving my hearing, my right to my right to an appeal.	ess reports, // (Date)
Inmate Status: Pre-Hearing Content of the properties of the presentation of the presen	Robert Arcun Raut Bucu Sign Name) Sqt (Print Name) Sqt (Sign Name) Confinement Release to Previous Status Other Confinement Release to Previous Status Other Confinement Wave At Release to Previous Status Other (Sign Name) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION Informed of naviright to attend and present evidence at a hearing. (If no, verbally explain the charge(s) to the immate). (If yes, have inmate sign an Agreement/Waiver/Refusal form) Wes No If inmate has witnesses, have him/her complete a Witness Request form Subject to imposition of the sanctions as outlined in the institutional inmate also understand that by refusing to sign I am waiving my hearing, my right to my right to an appeal.	ess reports, // (Date)

EXHIBIT D EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:

. في عبر

DISCIPLINARY HEARING DECISION

Inmate's Name: White Infraction Number(s) & Name ☐ I DO UNDERSTAND THE VIOI Continuance granted to Date: Reason:	ATION I DO NOT I	MINOR DEPOSE TO HE SOLUTION THE VIOLE By:	Date: Of medica ATION – ADDITION	tion)
Plea: Guilty Not Connected Statement:	Guilty DOther:	Réfused	to sign	infraction
Evidence Provided: Infra	action Repor	+		
Findings: Guilty of # L Evidence Relied On: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1224 action Report	□ Not Guilty of #		
For Sanction Purposes: [Circle the (Circle number of prior guilty decisions Sanction(s): Fine \$2]	number of prior Major/Minor Ini within the timeframe [not each rule	raction Reports: 1 2 violation]. Find grid level to u.	3 4 5 Grid se by adding current &	Level to Use: 3 prior guilty decisions).
Reason(s) for findings:	offe pills	nder was tr	ying to	give
ADMINISTRATIVE REVIEW DATE	1:719	DISCIPLINARY HEARING		
I understand, that I may appeal an appeal, I must submit a comp I DO WISH TO APPEAL (Masupport the finding; (2) applica not proportionate to the rule vic I DO NOT WISH TO APPEAL Inmate's Signature / ID#:	pleted appeal form to the light decisions only) becaused the disciplinary procedure that to the light decisions of the light decision of th	linary Hearings Officer Disciplinary Hearings (e (1) there is insufficie	to the Warden. In the original of the within 15 of the content of the sanction (s. 1).	n order to file lays from today.
Copies to: Records (White) Page 1	arole Board-Majors only (Y	ellow) Housing Uni	t (Pink) Inmate	(Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

	/		NT OF CORRECTION	ΣŃS	(
		CONTRACT FACI			\cup
DISCIPL DISCIPL			/NOTICE OF HEA	<u>IRING</u>	
		staff signatures on this fo M	rm must be legible) INOR		
Inmate Name: Last na	it Ford		Makuee & c	грее ID# <u>30</u>	15941
Date: 12-24-18 Time Room/Cell: 4F (6 Housin Infraction Number(s) & Name(s)	:: 2255	Place of Incident:	LHU 1		
Room/Cell: UF (Housing	ig Unit:	Job	Assignment:	ssigned	
Infraction Number(s) & Name(s)	4212- Wi	ll Fully tamp	pering with, do	maging or be	locking
	a locki	ug device	2	<u> </u>	
					
Staff Witness: 1. % Turner		Other In	mates involved 1.		
Staff Witness: 1. % Turne 2.			2		
Description of Violation: (who, w	hat, why, where	, when and how):	On the ab	ovedate av	<u>d</u>
approximate time	I %Tw	Ner Was C	-quelucting a	walk throu	1gh
ON HOOFF-Blogh	isnd hear	d /m Whi	tforch as # 3	015 941 Kickil	v ě
his door and seen					
stopped athis a	Month	asked =	- hewoul	- him tot	Ke
down the cover 1	MANIFIC EUT	velopes ot	- his winder	s auce neto	<u>/c/</u>
me " Fuck you !	11 110 100	ASKELL WILL	y rie haet. To	overed and	
he said that -	che world	Shitus out	the vectors	to be taken to	G=
Bitche southis blo	Whin T	would do	for Comma	10 Post Z	-SOR
rig or out.	· ·	W	778 (301.111)		
_					£
	/		/		
REPORTING STAFF MEMBER:	_d. 1 w	(Print Name)		(Sign Name)	
Supervisor Review:		(Time (vaine)		(Sign Name)	
- up - 1		(Print Name)		(Sign Name)	
Inmate Status:	g Confinement	Release to	Previous Status	☐ Other	
Reason: Lock of TL					
•					
I have reviewed this report for legibility, complete.)	eteness, correctness of	charge, and to ensure all r	necessary information is attack	ned (evidence, incident/with	iess reports,
It Dunden		12/25/18			1 1
(Shift Supervisor's Signature)	Nowanani	(Date)	(Warden or Design	ee Signature)	(Date)
I have received a copy of this notice and have b		EARING/PREHEAR that to attend and present ex			
1. Hearing Date: / /	Time:h	rs. Place:			
3. I waive my right to a hearing? A Yes Di	No (if yes, have inmate	lain the charge(s) to the in sign an Agreement/Waive	er/Refusal form)		
4. Present evidence and witnesses on my bel	alf Yes No If i	nmate has witnesses, have	him/her complete a Witness	Request form	1
5. Other pertinent notations:			· · · · · · · · · · · · · · · · · · ·		
I understand, if found guilty, I will l	be subject to impo	osition of the sanction	ons as outlined in the in	nstitutional inmate	, 1
disciplinary operational procedure, witnesses and witness statements, as			sign i am waiving my	nearing, my right to	•
granded min gracified Statements, di	- and a sent to an				
(Staff Signature)		(Date & Time)		mate's Signature / ID#)	

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS							
.&₹*	MSP X MWP□	CONTRACT FACILIT	Y:				
Agreement / Waiver / Refusal Form							
Major/Minor Inmate Disciplinary Infractions							
Agreement	w	aiver to Attend Hear	ing 🗌	Refusal to	Attend He	aring [
Inmate Name: Wh	Hord Mak	ueryapee		ID#: <u>30</u>	15941		
Date: 12/26/18	}_ Time:_ C	100	Housing Unit:	LHU1			
Infraction Number(s)	and Description: 45	112-Willfall	y-tamperin	g w / loc	leing		
guilty on the violation For Sauction Purpos (Circle number of prior guilt	s the judgment of the on(s) listed above. ses: [Circle the number of play decisions within the timefrour restrictions]	orior Major/Minor Infraction ame [not each rule violation]	n Reports: 1 2 3	$ \begin{array}{ccc} & & & \downarrow 0 \\ 4 & 5 \end{bmatrix} & G \\ & & & & & & & & & & & & & & & & & & &$	rid Level to	o Use:	
agreement with the DHo above, and waive my rig	Igreement and accept the O/UMT, and by signing ight to a hearing and appe	it, I understand that this real.	concludes the disciplina	y process for Date:		n(s) listed	
	d Disciplinary Hea	ring: Inmate waives	right to hearing and	appeal.			
Inmate Signature:				Date:	/		
I told Inmate	nd Disciplinary Hea	that it wa ed on the basis of evidence	s time for his/her hearin ve provided. (S)he still r	g. (S)he refus efused/decline	ed/declined to	o attend.	
Inmate Signature:				_ Date:	/		
Officer/Witness Sign Disciplinary Hearing Administrative Revie Copies to: Records (W	g Officer/Unit Discipli	inary Team ON	v) Housing Unit (n	Pate: // 2 /2 Pate: // 2 Pate: // 2	3/1 /8	

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapo	ee MSP/DOC# 3015941 Dat	e: 11/30/2018	
Housing Unit: LHU1 ST: F	Peoples UM: Garland		
Separation Needs: ⊠ Atyp	ical designation(s) STG		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 3/	/22/2018
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date: C	lick here to enter a date.
Mental Health Referral/Contac	ct within the last 30 days	Yes ⊠ No	
Monthly review from MH/The	erapist: Click here to enter tex	t.	
New Freedom Programming		1 2 2 2 2	
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 1	Recomm	ended Completion Level:	Level 3
Summary of current status and Whitford's Most recent discip guilty the LHU-UMT has rest behaviors continue. Also due Whitford at this time. Whitfor conduct, if he does not keep c level 1 on 12/23/2018 He will last 30-Day review he request	ns Bottom bunk/tier Security Procedures d recommendations: Inmate Wolinary hearing was on 11/29/2 arted him on his current level to this hearing being found gurd's LHU-plan is levels 1-3. To lear conduct the LHU-UMT can be eligible for level 2 on 2/23 and that his separation needs be rmined that the separation needs be rmined that the separation needs be a service.	Whitford was approved for 018 for 4202,4104,4208. I and the LHU-UMT is look ilty the LHU-UMT has play or move up in the level system restart, move back, or explain the company of the com	rbance/riot RECEIVED Classification & Placement Max placement on 12/6/2017. Due to this hearing being found ting at extending his levels if these aced special housing needs on em he will need to maintain clear extend the levels. Whiteford restarted tion on 8/23/2019. On Whitford's exadministration has reviewed his his plan will be reviewed with
I appeal the current review to the it will be reviewed by the Adr	have ne Unit Manager and that if I a		ousing status review. housing status and understand I may vels due to disciplinary or behavior
Locked Housing Unit ST: 5	7. pegnes		
White-Mail	Yellow	-6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D

	STATE OF MONTA MSP MWP DISCIPLINARY INFR (Information MAJO)	ANA DEPARTME	ENT OF CORREC	TIONS CENED	PLINARY 1
4	DISCIPLINARY INFR	ACTION REPOR	T/NOTICE OF I	HEARINGE N 33	MAR
	(Information of	and staff signatures on this	form must be legible)	MD. CI	PLI
	MAJ	OR A	MINOR	olsu	
Inmate Name:	Last name		Makyeey First Name	apel ID# 3	3015941
Date: 11/28/18	Time: 1240	Place of Incident	LHU-1	F block	
Room/Cell: UF6	Housing Unit: 1.	LU / Jo	b Assignment: 9	1999 Unassi	gned
Infraction Number(s) & Name(s) 4235 -	Threatering	Statt		,
	4211 -	MSXW IT on	Statt		_
	-				-
	-				
Staff Witness: 1.		Other 1	nmates involved 1.		
2			2.		
Description of Viola	tion: (who, what, why, whe	re when and how	· 0. H.	sales II	1
	ane While		sones wa		trays
from F 610	T/ 11 1			ray out of	his food
tray Slo	Fafter I	10 Jones	opened it	I 40	Jours then
tryed to		sod hatch	shot to	prevent Tym	Whitford, M
Grown regal	ring out at	me bushle	all of	this was	happynis
he was	Saying thing		Full you.	you stoped	Pussy 1
"Wait till	Im on the wh	ain line Ill	get you"	des rolin	id brieh"
TOR))	J	
7-1					
			18-1		
				- 1	
	41 -	_	,	11/1	
REPORTING STAF	F MEMBER:	Ones (Print XInha)		gran Nama	
Supervisor Review:	Set	(Print Name)		(Sign Name)	
7.		(Print Name)		(Sign Name)	
Inmate Status:	☐ Pre-Hearing Confinemen	t Release	to Previous Status	☐ Other	
Reason: 2011en	the or actention s	tatus			
I have reviewed this report f	or egibility, completeness, correctness	of charge, and to ensure a	Il necessary information is	attached (evidence, incident/s	witness reports.
etc.)			16 11		1 1
(Shift Supervisor	's Signature)	11/28/18 (Date)	(Warden or I	Designee Signature)	(Date)
in	NOTICE OF	HEARING/PREHEA	RING ACTION		
I have received a copy of the	s notice and have been informed of my	right to attend and present	evidence at a hearing.		
2. I understand the charge	e(s)? Wes No (if no, verbally	explain the charge(s) to the			
1 Waive my right to a he 4. Present evidence and w	earing? Yes \[\] No (if yes, have innotent representations of the property of	iate sign an Agreement/Wa If inmate has witnesses, ha	ve him/her complete a Wi	ness Request form	
5. Other pertinent notation			***************************************	Control of	
	guilty, will be subject to in				
disciplinary operation	al procedure. I also understa statements, and my right to	and that by refusing	to sign I am waiving	my hearing, my right	10
withess and withess	Statements, and my right to	18/10/18	1:15	150 A 11	AH
1100	(Staff Signature)	(Date & Time		(Inmale's Signature / ID#)	
					//

MSP 3.4.1, Institutional Discipline

TANA DEPARTMENT OF CORRECTIONS

STATE OF M

Revised: December 2014

CONTRACT FACILITY: Agreement / Waiver / Refusal Form Major/Minor Inmate Disciplinary Infractions Agreement Waiver to Attend Hearing Refusal to Attend Hearing ID#: 3015941 Infraction Number(s) and Description: Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above. For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the time rame [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanctions: I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal. Inmate Signature: Date: Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal. Date: Inmate Signature: Refusal to Attend Disciplinary Hearing: I told Inmate that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided, (S)he still refused/declined stating: Or % Beeson to I/m Whitford's cell Inmate Signature: Date: Officer/Witness Signature: Disciplinary Hearing Officer/Unit Disciplinary Team Administrative Review Signature: Date:/ Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

	MSP MWP	NTANA DEPAH Contract Facil		CORRECTION	IS	
· . %	DISCIPL	INARY HE	ARING D	ECISION		
Inmate's Name: Infraction Numbe I DO UNDERSTA Continuance gran Reason:	AND THE VIOLATION	d Make 235-thre	CALCAINA DERSTAND THE	2015941 2:4111-17	Date: 12-7-18 SQULT DITIONAL ACTION	
Plea: Guilty Inmate's Statemen	□ Not Guilty	Other:	Zefuse	d to at	tend he	avin
			7			
Evidence Provided	infracti	CONUL	port_			
	DH.	Assault		·		
Findings: Evidence Relied O	Guilty of # 4108(4)	111)/4285 LION JU	Not Guil	ty of #		
	poses: [Circle the number of poses: [Circle the number of poses within the time of the circle of the			2 3 4 (evel to use by adding c	Grid Level to Us	
Reason(s) for finds	ngs: Hheatene	d faff	nder fi Oftena	hew a	food to	ay
ADMINISTRATIVE RI	EVIEW/DATE 12:/	0.18	A KOON DISCIPLINARY H	OCH EARINGS OFFICER	UNIT DISCIPLINAR	Y TEAM
an appeal, I must so I DO WISH TO support the finding	I may appeal the decision with a completed appear APPEAL (Major decisions; (2) applicable disciple to the rule violation(s). H TO APPEAR (Major decisions)	eal form to the Dons only) because linary procedure	nary Hearings (isciplinary Hear (1) there is insu	Officer to the Warings Officer wit	arden. In order to hin 15 days from the and document	o file today.
Copies to: Records	(White) Parole Boar	d-Majors only (Ye	ellow) Housi	ing Unit (Pink)	Inmate (Goldenr	od)

EXHIBIT D EXHIBIT D

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

Attachment C

	STATE OF	MWP CONTRA	CT EACH ITV.	
3.			EPORT / NOTICE OF H	HEARING VOV 28 2018
		Information and staff signature	es on this form must be legible)	
		MAJOR 🔀	MINOR _	DISCIPLINARY
Inmate Name:	Whithed		m	ID# 30/594/
.//	Last name		First Name	
Date: 1/27/18	Time:	Place of In	cident: LHUI YA	Rd 2999
Room/Cell: UFG	Housing Un	nit: ZHU	Job Assignment: 9	MAKE
miraction (vanioci(s)	- Traine(s) 477	D H SSHU/FIN	ANOTHER IN	MATE
Staff Witness: 1			Other Inmates involved 1.	GARDNER HEN JOSEN
			d how): ON THE	
TIME I CO	ONES, T	WAS STA	NO, NO HARD	AHER THE OFFICERS
LEFT CAME to	THE BACK C	THE CELL	STARFEATO +	Alk to HENDERSON
AND GALAN	ER 9 LOO	ted over 4	SAID Some	Things AND THEN
			0 1 1 1 - 1	- 1/ = 0. /
NIMATE WATT	Whit ford	TURNED TO	GARDNER	And SPITON
ym And T	RIED TO	SPIT ON A	SENJER SON	And SPITON
to GARANE	RIED TO RIED TO RAND SI	SPITON GARD	SENJER SON, NER AFEW WO	And Spit or Then TURN BACK RE TIMES.
GARANE	RIED TO RAND By	SPITON GAR	SARANGE SENJER SON, NER AFEW WO	And SPITON
REPORTING STAFF	RIED TO RAND By	RAVIS JONES (Print Name)	VERJER SON,	And Sfit ON Then TURN BACK RE TIMES.
REPORTING STAFF	RIED TO RAND BY MEMBER: Z	Print Name) (Print Name)	COOL 9	And Sfit or Then Turn Back RE TIMES. (Sign tame) (Sign Name)
REPORTING STAFF	RIED TO RAND BY MEMBER: Z	Print Name) (Print Name)	VER AFEW WO	And Sfit ON Then TURN BACK RE TIMES.
REPORTING STAFF Supervisor Review: Inmate Status: Reason: Securi	MEMBER: Z	Print Name) (Print Name)	Coole Status ensure all necessary information is	And Sfit or Then TURN BACK RE TIMES. (Sign toline) or (Sign Name)
REPORTING STAFF Supervisor Review: Inmate Status: Reason: Securi I have reviewed this report for etc.) (Shift Supervisor's a copy of this 1. Hearing Date: 1. 2. I understand the charge(: 3. I waive my right to a hear	MEMBER: Pre-Hearing Co Legibility, completenes Signature) No notice and have been in 30 / 18 Tir ring? Pres No (iff nesses on my behalf.	(Print Name) (Print Name) (Print Name) (Print Name) (Ontice of Hearing/P formed of my right to attend an me: Anne hrs. Place; no, verbally explain the charge yes, have inmate sign an Agree	celease to Previous Status ensure all necessary information is REHEARING ACTION ad present evidence at a hearing. (s) to the immate).	And Sfit of The Toke Back RE TIMES. (Sign Name) (Other attached (evidence, incident/witness reports, II 25/8 (Date)
REPORTING STAFF Supervisor Review: Inmate Status: Reason: I have reviewed this report for etc.) (Shift Supervisor's Concept of the concept of	Pre-Hearing Constitution of the constitution o	(Print Name) (Date) (Dat	celease to Previous Status censure all necessary information is REHEARING ACTION add present evidence at a hearing. (s) to the inmate). ment Waiver/Refusal form) lesses, have him/her complete a With	And Sfif of The Tork Back RE TIMES. (Sign Name) (Sign Name) (Other attached (evidence, incident/witness reports, II 27/8 (Date) ness Request form the institutional inmate
REPORTING STAFF Supervisor Review: Inmate Status: Reason: Chiff Supervisor's (Shiff Supervi	Pre-Hearing Constitution of the constitution o	(Print Name) (P	celease to Previous Status censure all necessary information is REHEARING ACTION dipresent evidence at a hearing. (s) to the immate). ment Waiver/Refusal form) resses, have him/her complete a With the sanctions as outlined in the	And Sfif of The Tork Back RE TIMES. (Sign Name) (Sign Name) (Other attached (evidence, incident/witness reports, II 27/8 (Date) ness Request form the institutional inmate

MSP 3.4.1, Institutional Discipline

STATE OF 1' - VTANA DEPARTMENT OF CORKECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MAJOR MINOR
Reason:
Plea: Guilty Not Guilty Pother: Betulo to attled Inmate's Statement:
Evidence Provided: Infraction Il Pott
Findings: Guilty of #. 41024
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (5) Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Reason(s) for findings: CHENOLIS AND CHENOL
ADMINISTRATIVE REVIEW/DATE DISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS	\$
MSP MWP Contract Facility:	
Agreement / Waiver / Refusal Form	
Major/Minor Inmate Disciplinary Infractions	•
Agreement ☐ Waiver to Attend Hearing ☐ Refusa	I to Attend Hearing
Inmate Name: Whitford, Makueeyapee ID#:	3015941
Date: 11/2918 Time: 1/35 Housing Unit: LH	UI
Date: 11/9918 Time: 1185 Housing Unit: LH Infraction Number(s) and Description: 4104-1985aulf 14202-4	hieatenin
Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence guilty on the violation(s) listed above.	ce for a finding of
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding currer Sanctions:	Grid Level to Use:nt & prior guilty decisions).
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above, agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process j above, and waive my right to a hearing and appeal.	
Inmate Signature: Date:	:/
☐ Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal.	
waiver to Attenu Disciplinary Hearing. Inmate waives right to hearing and appear.	
Inmate Signature: Date:	:/
Refusal to Attend Disciplinary Hearing:	
I told Inmate White Hearing would proceed on the basis of evidence provided. (S)he still refused/decided "I don't go to hearings."	efused/declined to attend. lined stating: <u>Loreste</u>
Inmate Signature: Refused Date:	:/
Officer/Witness Signature	Date: 11 134 18
Disciplinary Hearing Officer/Unit Disciplinary Team Wolffler	Date: 11/29/18
Administrative Review Signature:	Date:_//
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Revised: December 2014	Inmate (Goldenrod)

		RTMENT OF CORRECTION CT FACILITY:	
DISCIPLINAL	RY INFRACTION R	EPORT / NOTICE OF HEA	RING NOV 2 6 2018
178	nformation and staff signature	s on this form must be legible)	
In the second	MAJOR 🔀	MINOR	DISCIPLINARY
Inmate Name: Whitford	/	Makveeyape	e ID# 3018941
Last name	200	First Name	e ID# 3015941
Date: $\frac{11/33/18}{11/8}$ Time: $\frac{5}{11/8}$	Place of In	eident: LHU-1	LF-3
Date: $\frac{11/22/18}{\text{Name}(s)}$ Time: $\frac{0.5}{100}$ Room/Céll: $\frac{1}{2}$ Housing Un Infraction Number(s) & Name(s) $\frac{1}{2}$	It: CHU-1	Job Assignment:	\ .
Himaction Number(s) & Name(s) 48	208 - Insoler	ing another In	mate
	1113010		
Staff Witness: 1.	(Other Inmates involved 1	
2.	`	2.	
			A \ 0
Description of Violation: (who, what, w	why, where, when and	(how): On the abe	ove clate and
another I'm from L	F-3 to 5MC	ines was on	M ANT 3015941)
		exerting telling him	thirds such as
" Get the fuck off my b	lock" "don't y	exerting felling him	Jan Ficking DUSSY"
I % Jones found -	this threatnix	ig to the =/m	to was I decorting
TOR		1	
101			
REPORTING STAFF MEMBER:	10. Jones		
	Print Name	111 1	(Sign Name)
Supervisor Review:	to Drew Cou	ghlin Sgl	Town Manage
Inmate Status: ☐ Pre-Hearing Con	(Fine Name)	elease to Previous Status	(Sign Name)
Reason:	illinement Arki	elease to Previous Status	☐ Other
I have reviewed this report for legibility, completeness,	correctness of shores and to		A Company Company of the Company of
etc.)	1/ 27 ×	ensure an necessary information is attach	ed (evidence, incident/witness reports,
(Shift Supervisor's Signature)	(Date)	(Warden or Designo	ee Signature) / / (Date)
No	TICE OF HEARING/PE	REHEARING ACTION	ee signature) (Bate)
I have received a copy of this to candidate been info 1. Hearing Date: Time		prosente de la hearing.	
	00 9	s) to the inmate).	
4. Present evidence and witnesses on my behalf.	Yes XNo If inmate has wither	nent/Waiver/Refusal form) sses, have him/her complete a Witness R	Request form
5. Other pertinent notations: Keguest -	Hotte U	buld like a	in agreement
I understand, if found guilty, I will be sub	ject to imposition of the	e sanctions as outlined in the in	stitutional inmate
disciplinary operational procedure. I also witnesses and witness statements, and my	right to an appeal.	using to sign I am waiving my	nearing, my right to
-50	11.2	7.18	T WWT
(Staff Signature)	(Date	& Time) (In	mate's Signature / ID#)

MSP 3.4.1, Institutional Discipline

MSP	MWP CONTRACT FACILITY:	F CORRECTIONS	
•	DISCIPLINARY HEARING	DECISION	_
Inmate's Name: Whi Infraction Number(s) & Na I DO UNDERSTAND THE V	MAJOR MIN HOVOL WOKULLYOPA me(s) 4202-Hovea He IOLATION I I DO NOT UNDERSTAND T	NOR [] BU# <i>301594 </i> Dat 17179 4208	-Insolence
Continuance granted to Dat Reason:	te: / / By:	·	
	ot Guilty Sother: Befu	sed to at	tend
	<u> </u>		
Evidence Provided:	rfraction les)OLT	
Findings: Guilty of Evidence Relied On:	#.4902/4208 - Not G	Guilty of #	
	e the number of prior Major/Minor Infraction Reports: ions within the timeframe [not each rule violation]. Find go	1 2 3 4 6 for it is a second of the second o	rid Level to Use:
Reason(s) for findings:	imasocausing	threate	h Staff
ADMINISTRATIVE REVIEW / DATE	12918 Ascipinar	ALL JOHN HEARINGS OFFICER / UN	TI DISCIPLINARY TELS
an appeal, I must submit a c I DO WISH TO APPEAL	neal the decision of the Disciplinary Hearing ompleted appeal form to the Disciplinary H (Major decisions only) because (1) there is in licable disciplinary procedures were not for eviolation(s).	gs Officer to the Warde learings Officer within insufficient evidence a	en. In order to file 15 days from today. nd documentation to
Copies to: Records (White)	Parole Board-Majors only (Yellow) Ho	ousing Unit (Pink) In	mate (Goldenrod)
Attachment C	MSP 3.4.1, Institutional Discipline	Effective January	17, 2017

Name: Whitford, Makueeyape	ee MSP/DOC# 3015941 Dat	e: 10/29/2018	
Housing Unit: LHU1 ST: P	eoples UM: Garland		
Separation Needs: Atypi	cal designation(s) None		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 3/2	2/2018
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date: Cli	ck here to enter a date.
Mental Health Referral/Contac	t within the last 30 days 🗆 Y	Yes ⊠ No	
Monthly review from MH/The	rapist: Click here to enter tex	t.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Summary of current status and Whitford's Most recent discipl manager. Due to this hearing b levels 1-3. To move up in the LHU-UMT can restart, move b level 2 on 12/18/2018, and ger requested that his separation minvestigation will be done to rebasis.	Bottom bunk/tier Security Procedures I recommendations: Inmate We being found guilty the LHU-Ullevel system he will need to meack, or extend the levels. Who heral population on 5/18/2019. Beview his separation needs. The series to have procedure that if I are the level with Manager and that if I are	/hitford was approved for M 018 for 4235: Threatened to MT has restarted him on his aintain clear conduct, if he of iteford restarted level 1 on 1 While doing inmate White eparation need were placed his plan will be reviewed with participate in my locked how participated in my locked how	In a placement on 12/6/2017. In a p
Locked Housing Unit/ST: 5	Yellow-	6 part file	Pink-Inmate

	1	1Flo
	STATE OF MONTANA DEPARTMENT OF CORRECTIONS	ECEIVED BY
	MSP MWP CONTRACT FACILITY:	KI
	DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING	027 1.9 2018
	(Information and staff signatures on this form must be legible)	ICOIDI INIADV
	MAJOR MINOR	ISCIPLINARY
Inmate Name:	D# CO DOLLAND MANAGER	1492102
minute riume.	Last name First Name	111111
Date: 10-18-1	18 Time: 1180 Place of Incident: Will - UE	
Room/Cell:	a Housing Unit: Job Assignment: Jassignment:	De
Infraction Number(s)	s) & Name(s) 4335- Philocialing 34044 0	-
0	111711	
Staff Witness: 1.	Other Inmates involved 1.	
2.	2	
Description of Violat	ation: (who, what, why, where, when and how):	olai
mit has	LOAD of anysode years 7 no dist. , a	101
1 stomen	40, an to paintoned near houtiful	25
Jingino	to get his bicon registrong spoped.	"You
ros Haint	an and thing I willing no mit	to of
Awound.	of the privated they sold the 34	mont
Dr. Mari	doit or will the totaled the	roman
Flasail 1	May the waller of the world	
		A
REPORTING STAFF	FF MEMBER: MINO SCALUR SMILES	belower
C	(Print Name) (Sign Name)	Barrens
Supervisor Review:	(Print Name) (Sign Name)	
Inmate Status:	☐ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other	
Reason:	Tre-freating Confinencial	
1	1	
etc.)	for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/	witness reports,
(Shift Supervisor)	V Signature) (Worker or Decisions Ginesteen)	//
(Milk Supervisor	(Date) (Warden or Designee Signature) NOTICE OF HEARING/PREHEARING ACTION	(Date)
I have received a copy of his		
121	his notificand face een informed of myright to attend and present by deport a hearing.	
1. Hearing Date:	his notice and face been informed of myright to attend and present sydepocyat a hearing. Time: Place: Place:	
2. I understand the charget	his notice and face been informed of myright to attend and present sydepociat a hearing. Time: Place: Place: One (if no verbally sydiain the charge(s) to the immate)	_
2. I understand the charget	is note and late been informed of myright to attend and present by description and hearing. Place:	_
2. I understand the charget 3. I waive my right to a he 4. Present evidence and wi 5. Other pertinent notation	is notice and face been informed of myright to attend and present by depocal a hearing. Time: Place: Place: No (if no, verbally explain the charge(s) to the inmate). hearing: Yes No (if yes, have inmate sign an Agreement/Waiver/Refusal form) witnesses on my behalf: Yes No If inmate has witnesses, have him/her complete a Witness Request form ons:	
Hearing Date: I understand the charge(I waive my right to a he Present evidence and wi Other pertinent notation I understand, if found disciplinary operation	d guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate and procedure. I also understand that by refusing to sign I as waiving my hearing, my right	e (190)
Hearing Date: I understand the charge(I waive my right to a he Present evidence and wi Other pertinent notation I understand, if found disciplinary operation	As notice and late been informed of myright to attend and plesent by deucelat a hearing. Time: Place: Place	e to
Hearing Date: I understand the charge(I waive my right to a he Present evidence and wi Other pertinent notation I understand, if found disciplinary operation with each and witness	As a place with the complete and procedure. I also understand that by refusing to statements, and my right to an appeal.	DU
Hearing Date: I understand the charge(I waive my right to a he Present evidence and wi Other pertinent notation I understand, if found disciplinary operation witnesses and witness	d guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate and procedure. I also understand that by refusing to sign I as waiving my hearing, my right	D

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS -MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION Inmate's Name: Infraction Number(s) & Name(s) I DO UNDERSTAND THE VIOLATION ADDITIONAL ACTION TAKEN Continuance granted to Date: Reason: Plea: Guilty ☐ Not Guilty #Other: **Inmate's Statement: Evidence Provided:** ₩ Guilty of # ☐ Not Guilty of # Findings: **Evidence Relied On:** For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: (5.1)Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by addi. Sanction(s): Reason(s) for findings: ADMINISTRATIVE REVIEW / D OFFICER / UNIT DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). DO NOT WISH TO APPEA Inmate's Signature / ID#: ____ Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Effective January 17, 2017

MSP 3.4.1, Institutional Discipline

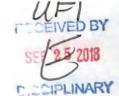
Attachment C

Name: Whitford, Makueeyapo	ee MSP/DOC# 3015941 Dat	e: 10/1/2018	
Housing Unit: LHU1 ST: F	Peoples UM: Garland		
Separation Needs: ⊠ Atyp	ical designation(s) None		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 3/	22/2018
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date: ©	lick here to enter a date,
Mental Health Referral/Contac	ct within the last 30 days	Yes □ No	
Monthly review from MH/The	erapist: Click here to enter tex	(L.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
		/	
Current Level: Level 1	Recomm	nended Completion Level:	Level 3
☐ Escort Procedures/Special	busing		rbance/riot RECEIVED ng death sentence OCT 27 2018 Classification & Placement g) \(\square \text{ADAOffice} \)
Whitford's Most recent discipprofanity toward staff. Due to LHU-Plan is levels 1-3. To monduct the LHU-UMT can reeligible for level 2 on 11/24/2 on a monthly basis.	to this hearing being found gui love up in the level system he sestart, move back, or extend the 2018, and general population of	18 for 4216, 4208: Refusin lty the LHU-UMT has rest will need to maintain clear le levels. Whitford restarted in 4/24/2019. This plan will participate in my locked he participated in my locked levels.	ng to stand for count and using carted him on his current level. His conduct, if he does not keep clear d level 1 on 9/24/2018 He will be I be reviewed with inmate Whitford ousing status review.
appeal the current review to the it will be reviewed by the Adribution Locked Housing Unit ST:	min Review Committee.	um reduced two or more lev	vels due to disciplinary or behavior
White-Mail	Yellow	-6 part file	Pink-Inmate

STATE ... MONTANA DEPARTMENT OF CONNECTIONS

MSP MWP CONTRACT FACILITY:





F .		on and staff signatures on AJOR	this form must be legible) MINOR	C	COPLINARY
Inmate Name:	WHITFORD		MAKUREYAP	ID#	30/594/
Date: 9-24-18	Time: 1745	_ Place of Incid	ent: UF/ L	. Hul	
Room/Cell: UF/	Housing Unit: _ L	Hu2	Job Assignment:	99799 WHASIGA	120.
Infraction Number(s)	& Name(s) 43-3				
	4216	Twish tensal with	n count on Fathi	nd to Stand for c	ount.
	1208		ABUSIVE LA	set in the Form	of profans
Staff Witness: 12.	NA	Oth	er Inmates involved	11	
Description of Violatic INMATA WHITE THOUGH E AND THE Block, 1	on: (who, what, why, we not was in the stood at the stand up. As the people of my coch' and a bald.	there, when and he is B&O Fully "COUNT TIME CALL DOOR A THE DOOR FIRST HE I SATO "C	OW): WHILE COVERSO HE COVERSO HE STORY OF THE MY FAMILY MY FAMILY STORY STORY STORY STORY STORY STORY STORY OVER	EAD TO TOR, BUDGADO UP WHEN LA OBJENUE ANY SHLIGHT AND CALL HE SAT UP A FAND UP!" WHITE	1800 COUNT EN THERE SE ENTERED MOVEMENT BY NAME MO LONGO DOD COUNTY
supervisor neview.	-	(Print Name)		(Sign Name)	
Inmate Status:	Pre-Hearing Confineme	ent Rele	ase to Previous Stat		
etc.)	egibility, completeness, correctn	less of charge, and to ensure			nt/witness reports,
(Shift Supervisor's S		(Date)	(Warden	or Designee Signature)	(Date)
1. Hearing Date: 12/ 2. I understand the charge(s) 3. I waive my right to a hear 4. Present evidence and with 5. Other pertinent notations:	otice and the been informed of Time: Yes No (if no, verballing? Dyes No (if yes, have is esses on my behalf, Yes Dyes)	hrs. Place: ly explain the charge(s) to numate sign an Agreement of If inmate last vitues se	esent evidence at a hearing. the inmate). /Waiver/Refusal form) s, lay him/ter-complete a	Witness Request form	
I understand, if found g	uilty, I will be subject to	imposition of the sa	nctions as outlined i	n the institutional inma	ite
witnesses and witness sy	procedure, I also under	stand that by refusion an appeal 7.18	ng to sign I am waiv	FILLOW	at to
(Sta	ff Signature)	(Date &	Time)	(Inmate's Signature / ID	D#)

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR MINOR
Inmate's Name: Whitford Makueeuaute 391579 Date: 9:27:18
Infraction Number(s) & Name(s) 4216-Int. W/ Count; 4208-Insolonce
1 DO UNDERSTAND THE VIOLATION
Continuance granted to Date: / By: Reason:
Plea: Guilty Not Guilty Pother: Refused to be served
Inmate's Statement:
Evidence Provided: Unfaction upolt
<u> </u>
Findings: Quilty of # 47110 4208
Evidence Relied On: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For Sanction Purnoses: Circle the number of prior Major/Minor Infraction Penarts: 1 2 2 4 (61)Ciril Local to Visual Circle (1)
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 G) Grid Level to Use: (Circle number of prior guilty decisions within the jimeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the sime frame [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s):
(Circle number of prior guilty decisions within the sime frame [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s):
(Circle number of prior guilty decisions within the sime frame [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Reason(s) for findings: ACCOUNT + UNITED ACCOUNT + OWARD ACCOUNT. Control of the con
(Circle number of prior guilty decisions within the sime frame [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Reason(s) for findings: ACCOUNT + UNITED ACCOUNT + OWARD ACCOUNT. Control of the con
Reason(s) for findings: Court & Manager of Prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Court & Manager of Prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Court & Manager of Prior guilty decisions. Court & Manager of Prior
Reason(s) for findings: Circle number of prior guilty decisions within the jimeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Court + Une of Defended Aland Atoff Office of the Delay of the Delay of the Disciplinary Hearings Officer within 15 days from today.
Reason(s) for findings: Circle number of prior guilty decisions within the jimeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Court Co
Reason(s) for findings: Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Common Common
Reason(s) for findings: Circle number of prior guilty decisions within the jimeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: Court Co

Attachment C

Effective January 17, 2017

MSP 3.4.1, Institutional Discipline

STATE C. MONTANA DEPARTMENT OF COLLECTIONS

MSP MWP CONTRACT FACILITY: _____



DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

	MAJ	OR ≥ MINO	R 🗌	
Inmate Name:	WHITFORD	MALLEEYAP	EE	ID# 301594/
Mary Company of the Company	Last name	Firs	st Name	
Date: 9-20-18	Time: //37	Place of Incident:	F 1 LHul gnment: 99999 H TH2 TAKE-6 0	
Room/Cell: UFI	Housing Unit: 1 H	Job Assi	gnment: 94999	LL ASSIGNED
) & Name(s) 4216	Talentenent will	H THE TOURS &	E 1 T / Failed
imacron rumoer(b)	(e) (iii)	TO STAND FOR CON		T COUNTY THITTE
	-	10 3.440 FOU COL	, , , ,	
Staff Witness: 1 2	NA	Other Inmate	es involved 1	dla
	tion: (who, what, why, whe			
INMATE WHIT	FORD WAS IN HIS I	BED AND APPEARED	TO BE Slage	ral. I called Hom
By NAME FOUR	Fimes, KNOCKED ON	THE DOOR WINDOW	AND FINKING LIGH	Ty WENDO THE DOOR
TY HE TURNED	over AND SAT W	o. He took THE	EAR BUD OUT	OF ONE EAR AND
Sh WHAT I W	ANTED. I STATED	T'S COUNT TIME.	HE CONTINUE	0 To 597 up or
HU BED AND S	ATP "you only Have	TO SEE ME MOVE	HE THEN TO	ANEP OUER & COULARD
HIS HEAD.				
Pen LHUI M	nax Level 1+2 and	MSP PROFESHURE	TOMOTEL EN 1	HILL ALL REDIGION
TO STAND AT T	HAIR DOOR WINDOW	STITH THE LILHT	DN FOR THE OF	Filed 1800 AND 1800
	OF REPORT.			TOWN TO DO HAVE END
	or region.			
REPORTING STAF	EMEMBER: 547	HOTCHKIN	& - VI	1.00
REFORTING STATE	WEWDER.	(Print Name)	- 2 1H	(Sign Name)
Supervisor Review:		(Time Time)		(Digit Name)
B	·	(Print Name)		(Sign Name)
Inmate Status:	☐ Pre-Hearing Confinemen	t ADD lases to Doo		
	_ Fre-Hearing Confinemen	Release to Pre	vious Status	☐ Other
Reason:				
have reviewed this report fo	or legibility, completeness, correctness	of charge, and to ensure all necessary	ary information is attached (er	vidence incident/witness reports
etc.)	22-		,	, menuting topology
(Shift Supervisor)	1111/	9/2018 (Date)	and the property of	
(Shift Supervisor			(Warden or Designee Sig	nature) (Date)
have received a con this	NOTICE OF	HEARING/PREHEARING	ACTION	
1. Hearing Date:	suctile and to been informed of my Time (s)? Ves No (if no verbally	hrs Place:	e ar a hearing.	
2. I understand the charge((s)? Yes No (if no, verbally paring? Yes No (if yes, have inm	xplain the charge(s) to the inmate).	-1	
3. I waive my right to a he	aring? Yes No (if yes, have inm	nate sign an Agreement/Waiver/Refi	usal form)	1
5. Other pertinent notation	itnesses on my behalf. Yes No	If inmate has with sign have from h	er amplete a Witness Reques	Con 1 red
		110,0000	- 10.3015	
understand, if found	guilty, I will be subject to in	position of the sanctions a	s outlined in the institu	itional inmate
uisciplinary operation	al procedure. I also understa	ind that by refusing to sign	I am waiving my hear	ing, my right to
The second witness	statements, and my right to	0.7/1.18 MAGO	Delinar	1
yroung!	Staff Signature)	(Date & Time)	riguse	Signature / ID#V
V (zmin ziguatury)	(Date & Time)	(inmate	's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

TE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP ☐ CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MINOR 🗌 Inmate's Name: Infraction Number(s) & Name(s) I DO UNDERSTAND THE VIOLATION \square I do not understand the violation – additional action taken Continuance granted to Date: By: Reason: Plea: Guilty ■ Not Guilty DOther: **Inmate's Statement: Evidence Provided:** Findings: ☐ Not Guilty of # Evidence Relied On: For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 Grid Level to Use; (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Reason(s) for findings: RINGS OFFICER / UNIT DISCIPLINARY I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). DO NOT WISH TO APPE Inmate's Signature / ID#: Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Effective January 17, 2017

MSP 3.4.1, Institutional Discipline

Attachment C

					- 5
	STATE OF MO	NTANA DEPART	MENT OF CORRI	ECTIONS	RECEIVED BY
			FACILITY:		73001
-3 "	DISCIPLINARY I	NFRACTION REP	ORT / NOTICE OF		AUG 1 4 2018
		nation and staff signatures of MAJOR	n this form must be legible) MINOR		DISCIPLINARY
Inmate Name:	whitford		Mak vel ya First Name	pte	ID# 3615941
Date: 08/13/18	Last name	Dlana CT:	First Name		
	2 Housing Unit:	Place of Incid	Ich Assignment	22.1	
Infraction Number(s)	& Name(s) 42 35	1 Threatern	Job Assignment:	ggggrunasti	de staff, verbal
minuted Frances (b)	Statem	ents or engaging	n physical	anduct c	arena en la
		er Person.	11 11/2/14/	(0,00()	
				H	
Staff Witness: 1		Otl	per Inmates involved	1 N/A	
2.			ner Inmates involved	2.	
Description of Violati	on: (who, what, why,	where, when and h	iow): on the	above das	te and approximate
time I, or	fficer Charles	was patting	Elm whil	tferd da	un to go to
yard. I'm	whitterd kept	squilmny	and mounty	n a way	that improps
my pat	scarch so 1	officer char	185, ME pended	15 for, qui	+ screeing alound."
I OPFITER Ch	urtes, proceeded	to hands	on escort I/	n whitter	d to xard in
	confinued gavi				
I, officer c	hartes, tighten	ed my grip	and gave a	direct or	der not to pur
					space between
	were fare to	face and 5	tarted yelling	things Su	ch, as: a Punk, 1
raites, 11 "who		YOU THINK Y	rocares" Il	m white	nd after intimidating
myself, offices	Charles, Soid	of horne be	est to my cell	fuck this	In whited's cell
in which case h	e refixed wedge	has attempte	of name on b	16 tor 10 11	Har ten labited
in his cen and to	Sints 129 SUPES IN OI	ff he thren &	closed fist Punch	at mysth,	ting I'm whitfind officer charles, before I
REPORTING STAFF	MEMBER:	mehar 1+5	<u> </u>	700	
Supervisor Review:		(Print Name)		(Sign	Name)
	,	(Print Name)		(Sign	Name)
Inmate Status:	Pre-Hearing Confine	ement Rele	ease to Previous Statu		Other
Reason: THR		Secre			Outer
		The state of the s		01	1/1-1/1
etc.)	legibility, completeness, corre	ectness of charge, and to ens	ure all necessary information	is attached winteho	e incident white reports,
856 F	Jansen	8/13/18			0114118
(Shift Supervisor's		(Date) E OF HEARING/PRE		r Designee \$ignature	(Date)
	notice and have been informed	of my right to attend and pr	resent evidence at a hearing.	,	1 - A
1. Hearing Date: 😝 /	16 / 10 Time:	A) Uhrs. Place: L	1411-1		
3. I waive my right to a hea	? Yes No (if no, ver ring? Yes No (if yes, ha	ve inmate sign an Agreemen	t/Waiver/Refusal form)		
 Present evidence and wit Other pertinent notations 	nesses on my behalf. Yes	No If inmate has witnesse	es, have him/her complete a V	Witness Request forn	1
		4-1			
disciplinary operations	guilty, I will be subject al procedure. I also und	erstand that he refus	anctions as outlined in	n the institution	al inmate
witnesses and witness s	tatements, and my righ	it to an appeal.	ing to sign I am walvi	ng my nearing,	my right to
Kellic	and the same of th	8-13-18-1	601 ()	1	1/5//
(S	taff Signature)	(Date &	Time)	(Inmate's Sign	ature / ID#)
				1	

Attachment B

MSP 3.4.1, Institutional Discipline

ONTANA DEPARTMENT OF CORRECTIONS MSP MWP 🗌 CONTRACT FACILITY: Agreement / Waiver / Refusal Form Major/Minor Inmate Disciplinary Infractions Refusal to Attend Hearing Agreement [Waiver to Attend Hearing 🔲 Infraction Number(s) and Description: Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above. For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: , 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanctions: I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal. Inmate Signature: Date: Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal. Inmate Signature: Refusal to Attend Disciplinary Hearing: that it was time for his/her hearing. (S)he refused/declined to attend. I told Inmate (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: Asked Inmate Signature: Date: Officer/Witness Signature: Disciplinary Hearing Officer/Unit Disciplinary Team Administrative Review Signature: Date:/

Housing Unit (Pink)

Inmate (Goldenrod)

Parole Board-Majors only (Yellow)

Copies to: Records (White)

Revised: December 2014

STATE OF NTANA DEPARTMENT OF CORE CTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: White Hord Makully apple 301594 bate: 8:31.18 Infraction Number(s) & Name(s) 4335-4000 after 1000
I DO UNDERSTAND THE VIOLATION I DO NOT UNDERSTAND THE VIOLATION ADDITIONAL ACTION TAKEN Continuance granted to Date: / By: Reason:
Plea: Guilty Not Guilty Sother: Refused to attending Inmate's Statement:
Evidence Provided: Unglaction upout
Findings: Guilty of # 4235, Not Guilty of # Evidence Relied On: Infraction Lepot
For Societion Promocon (G) 1.4
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 [5] Grid Level to Use:
Reason(s) for findings: All March 19 Annual Control of
ADMINISTRATIVE REVIEW/DATE 8 22-18 DISCIPLINARY HEARTY GS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

Name: Whitford, Makueeyape	e MSP/DOC# 3015941 Dat	e: 8/7/2018	
Housing Unit: LHU1 ST: P	eoples UM: Garland		
Separation Needs: Atypi	ical designation(s) None		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 3/	22/2018
Activation of SMP within last	30 days □ Yes ☒ No	SMP Clearance Date:	lick here to enter a date.
Mental Health Referral/Contac	et within the last 30 days 🗆 🗅	Yes □ No	
Monthly review from MH/The	rapist: Click here to enter tex	t.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 1	Recomm	ended Completion Level:	Level 3
 ☑ Multiple disciplinary viola ☐ Refusal to leave locked ho ☑ Predatory/Violent/Assaulti ☐ Escape, Attempt or Facilita ☐ Other Click here to enter to Special Housing Needs: ☑ Spit Hood ☐ Restriction ☑ Escort Procedures/Special 	using	Multiple locked housing p STG activity Planning A serious distur Death Sentence or pendir Cy Water Restrictions(flooding	and death sentence/VED
found guilty the LHU-UMT has system he will need to maintain extend the levels. He will be ereviewed with inmate Whitfor	linary hearing was on 7/23/20 as restarted his level 1 on 8/2/2 in clear conduct, if he does not ligible for level 2 on 10/2/201 d on a monthly basis. Signature of the conduct of the co	Whitford was approved for 18 for STG material in his 2018. His LHU-Plan is level keep clear conduct the LF8, and general population of participate in my locked here.	Max placement on 12/6/2017. cell 4225. Due to this hearing being els 1-3. To move up in the level HU-UMT can restart, move back, or on 4/2/2019. This plan will be
White-Mail	Yellow	-6 part file	Pink-Inmate

Name: Whitford, Makueeyap	ee MSP/DOC# 3015941 Da	ite: 7/18/2018	
Housing Unit: LHU1 ST: I	Peoples UM: Budd		
Separation Needs: Atyp	ical designation(s) None		
Activation of BMP within last	30 days □ Yes ⊠ No	BMP Clearance Date: 3	/22/2018
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date:	Click here to enter a date.
Mental Health Referral/Contact	ct within the last 30 days	Yes □ No	
Monthly review from MH/The	erapist: Click here to enter te	xt.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Current Level: Level 1	D		T 12
Current Level: Level 1	Recomn	nended Completion Level:	
 □ Refusal to leave locked ho ☑ Predatory/Violent/Assaulti □ Escape, Attempt or Faciliti □ Other Click here to enter to Special Housing Needs:	using	STG activity Planning A serious distu Death Sentence or pendi	placements Classification & Placement Office Placement
 Spit Hood □ Restriction Escort Procedures/Special 	ns 🗆 Bottom bunk/tier 🗆	Water Restrictions(floodin	g) 🗆 ADA
Whitford's Most recent discip. Value. Due to this hearing being	linary hearing was on 7/9/201 ng found guilty the LHU-UM tem he will need to maintain of the levels. He will be eligiviewed with inmate Whitford refuse to	8 for 4209; Giving/Offerin T has restarted Whitford or clear conduct, if he does no ble for level 2 on 9/9/2018 on a monthly basis.	ousing status review.
appeal the current review to the it will be reviewed by the Adm	e Unit Manager and that if I a	participated in my locked I im reduced two or more lev	housing status and understand I may wels due to disciplinary or behavior
Locked Housing Unit ST:			
White-Mail	Vellow.	-6 nart file	Pink-Inmate

EXHIBIT D EXHIBIT D

						Diego pros program	
	STATE (OF MONTANA	DEPARTMEN	NT OF CORRE	CTIONS	KECI	
	MSP	MWP C	CONTRACT FACI	LITY:		UZ	86 2018
	DISCIPLIN	NARY INFRACT			HEARING		
		(Information and stag	f signatures on this fo M	rm must be legible) INOR		DISC	IPLINARY
nmate Name:	White	bid	N	bkueev	inee	ID#3	515941
	Last nam	ie		First Name	1		
Date: 07-05 Room/Cell:		1600 Pla Unit: 4	ce of Incident:	Assignment: 9	ppp	linne	Sight
		+209-Atten					Signice
		Relat	ionship v	vith a st	aff me	embet	-
	_		,				
	-						
Staff Witness: 1.			Other In	mates involved 1			
2.			_	2			
Description of Vi	olation: (who, wh	at, why, where, w	hen and how):	On the	shale	chite !	and
ime, I Se	eraeant L	uly Rece	ived an	OSR TH	min	mode	A. A.
whitebrd, W	1#3015741	. Inside the	Kitethe	e was a	Poldec	up no	te. See
Hachmont	In the not	e, Inmate	Whitford	attempts	s to sto	irt ap	ersonal
· 1	- I will non	TAD					
elationshi	b Mith we	at, why, where, w Ly RCC Inside the e, Inmate e, EOR					
elationshi	P With me	E. FOR					
elationshi	P With me	E. FOR					
elationshi	p with me	e. FOR					
elationshi	p with me	E. FOR					
elationshi	p with me	e. FOR					
elationshi	P With me	E. FOR					
		E. FOR		5	21,),, ,	
		M. Lidi a			Sgt S	why ion Alarge	
REPORTING ST	AFF MEMBER:	M. Luly	rint Name)		Sgl J	ign Name)	
REPORTING ST	AFF MEMBER:	M. LUly (P	rint Name)		Sol S	ign (Name)	
REPORTING ST Supervisor Review	AFF MEMBER:	M. LUly (P	rint Name)	o Previous Status	Sol S	ign Mande)	
REPORTING ST Supervisor Review Inmate Status: Reason:	AFF MEMBER: w: Pre-Hearing	M. Luly (P	rint Name) rint Name) Release t	o Previous Status	Sol Sol	ign Name) Other	
REPORTING ST Supervisor Revieus: Inmate Status: Reason:	AFF MEMBER: w: Pre-Hearing	Confinement (P	rint Name) rint Name) Release t	o Previous Status	Sol Sol	ign Name) Other	
REPORTING ST Supervisor Review Inmate Status: Reason: I have reviewed this sepect.)	AFF MEMBER: W: Pre-Hearing out for legibility, complet	Confinement (P	rint Name) rint Name) Release t	o Previous Status	Soft (s) (Si	ign Name) ign Name) Other ence, incident/w	itness reports,
REPORTING ST Supervisor Review Inmate Status: Reason: Thave reviewed this seperts.	AFF MEMBER: w: Pre-Hearing	Confinement (P	rint Name) rint Name) Release t erge, and to ensure all (Date)	o Previous Status	Sol Sol	ign Name) ign Name) Other ence, incident/w	
REPORTING ST Supervisor Review Inmate Status: Reason: I have reviewed this content. (Shirk Supervision of the supervision of th	AFF MEMBER: W: Pre-Hearing ort for legibility, complet isor's Signature) f this notice and have been	Confinement teness, correctness of cha	rint Name) rint Name) Release t rge, and to ensure all (Date) RING/PREHEAL to attend and present of	o Previous Status necessary information (Warden open ACTION sydence at a hearing.	Soft (s) (Si	ign Name) ign Name) Other ence, incident/w	itness reports,
REPORTING ST Supervisor Review Inmate Status: Reason: I have reviewed this opetic.) Shirt Supervisor 1. Hearing Date: 7 2. 1 understand the ch	AFF MEMBER: W: Pre-Hearing ort for legibility, complet isor's Signature) If this notice and have becarge(s)?	Confinement Confinement NOTICE OF HEA en informed of my right to the confinement of th	rint Name) Trint Name) Release to the right of the righ	o Previous Status necessary information (Warden opening ACTION ryidence at a hearing.	Soft (g) (Si	ign Name) ign Name) Other ence, incident/w	itness reports,
REPORTING ST Supervisor Review Inmate Status: Reason: Thave reviewed this sepervisor Shirk Supervisor Thave received a copy of 1. Hearing Date: 7 1. I understand the choice of 1. I waive my right to 1. I wa	AFF MEMBER: W: Pre-Hearing ort for legibility, complet isor's Signature) of this notice and have been arge(s)? a hearing? Nes No.	NOTICE OF HEA en informed of my right t Time: A hrs. o (if no, verbally explain o (if yes, have almate sig	rint Name) rint Name) Release t rige, and to ensure all (Date) RING/PREHEAL attend and present of Place Place Le charge(s) to the in an Agreement/Wain	o Previous Status necessary information i (Warden op RING ACTION vidence at a hearing.	(Si is attached (avid	ign Name) ign Name) Other ence, incident/w	itness reports,
REPORTING ST Supervisor Review Inmate Status: Reason: I have reviewed this seperce. (Shirk Supervisor I have received a copy of 1. Hearing Date:	AFF MEMBER: W: Pre-Hearing ort for legibility, complet isor's Signature) f this notice and have because(s)? a hearing? Yes No. id witnesses on my behal	Confinement Confinement NOTICE OF HEA en informed of my right to the confinement of th	rint Name) rint Name) Release t rige, and to ensure all (Date) RING/PREHEAL attend and present of Place Place Le charge(s) to the in an Agreement/Wain	o Previous Status necessary information i (Warden op RING ACTION vidence at a hearing.	(Si is attached (avid	ign Name) ign Name) Other ence, incident/w	itness reports,
REPORTING ST Supervisor Review Inmate Status: Reason: I have reviewed this repetc.) Shirt Superv I have received a copy of 1. Hearing Date: 7 2. I understand the ched. I waive my right to 4. Present evidence at 5. Other pertinent not I understand, if fo	AFF MEMBER: W: Pre-Hearing ort for legibility, complet isor's Signature) f this notice and have bee arge(s)? a hearing? Yes No a hearing? Wes No a witnesses on my beha ations: und guilty, I will be	NOTICE OF HEA en informed of my right to Time: How has, o (if no, verbally explain o (if yes, have immate sig	rint Name) rint Name) Release to the right of the charge(s) to the interest of the right of the sanctition of the sanc	o Previous Status necessary information i (Warden operation of the complete as well as the complete as the complete as well as the complete as the co	(Si is attached (ovid besignee Signar	ign Name) ign Name) Other ence, incident/w ture)	itness reports,
REPORTING ST Supervisor Review Inmate Status: Reason: I have reviewed this opetc.) Shirt Superv I have received a copy o 1. Hearing Date:	AFF MEMBER: W: Pre-Hearing ort for legibility, complet isor's Signature) If this notice and have been a learing? A hearing? A hearing? A witnesses on my behalations: und guilty, I will be tional procedure, I	NOTICE OF HEA en informed of my right to if no, verbally explain o (if yes, have inmate sig	rint Name) rint Name) Release t rige, and to ensure all (Date) RING/PREHEAL to attend and present of Place: He charge(s) to the in an Agreement/Wainte has witnesses, have tion of the sanctinat by refusing to	o Previous Status necessary information i (Warden operation of the complete as well as the complete as the complete as well as the complete as the co	(Si is attached (ovid besignee Signar	ign Name) ign Name) Other ence, incident/w ture)	itness reports,
REPORTING ST Supervisor Review Inmate Status: Reason: I have reviewed this opetc.) Shirt Superv I have received a copy o 1. Hearing Date:	AFF MEMBER: W: Pre-Hearing ort for legibility, complet isor's Signature) If this notice and have been a learing? A hearing? A hearing? A witnesses on my behalations: und guilty, I will be tional procedure, I	NOTICE OF HEA en informed of my right to Time: How has, o (if no, verbally explain o (if yes, have immate sig	rint Name) rint Name) Release t rige, and to ensure all (Date) RING/PREHEAL to attend and present of Place: He charge(s) to the in an Agreement/Wainte has witnesses, have tion of the sanctinat by refusing to	o Previous Status necessary information i (Warden operation of the complete as well as the complete as the complete as well as the complete as the co	(Si is attached (ovid besignee Signar	ign Name) ign Name) Other ence, incident/w ture)	itness reports, (Date)

Attachment B

MSP 3.4.1, Institutional Discipline

* STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP MWP CONTRACT FACILITY:
Agreement / Waiver / Refusal Form
Major/Minor Inmate Disciplinary Infractions
Agreement Waiver to Attend Hearing Refusal to Attend Hearing
Inmate Name: Whitford, Makueeyapee ID#: 30 15941
Date: 7/9/18 Time: 1015 Housing Unit: LHUI
Inmate Name: Whitford, Makueeyapee ID#: 30 15941 Date: 7/9/18 Time: 1015 Housing Unit: LHUI Infraction Number(s) and Description: 4209-PHEMPHING to Engage in a Relation Shup
Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above. For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the timefrance [not each rule violation]. Find guid level to use by adding current & prior guilty decisions). Sanctions:
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal. Inmate Signature: Date: 6 / 9 / 8
Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal.
Inmate Signature: Date: / /
Refusal to Attend Disciplinary Hearing:
I told Inmatethat it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating:
Inmate Signature: Date:/ /
Officer/Witness Signature: Date://
Disciplinary Hearing Officer/Unit Disciplinary-Team
Administrative Review Signature: Date 7 / 18
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod) Revised: December 2014

Aye, check it out woman. I want to tell you somethin that's been on My Nind before you walk out of my life. I know I be furth around with you alot but this time i'm real As i've gotten to know you be grown belle affracted to you and I really really like you. You are a real bitch, that's why i've always really and I really really like you. You are a real bitch that of my turn. I don't want to see you as a benale pit. It's that affitude that of my turn. I don't want to see which love it. You are straight up, so, now its my turn. I don't want to see you go, chick, I want to get to know you on a whole nother level and if you go, chick, I want to get to know you are get another diance. Id really I don't let you know how I feel, i wright about get a letter. If not now, then I don't let you know how over the plane or in a letter. If not now, then want to chapt it up with you over the plane or in a letter. If not now, then want to chapt it you a know that bead when you are in the mood. Inst sundhing think about a hour and want find me on convelo. Just do me a know anything think about it. And, know that I wave to be once to another goost. Keep it was ever since you told ne that you're tithin to beaut to another goost. Keep it also ever since you told ne up. Lates 2 Pit.

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 377 of 527

Aye, check it out woman. I want to tell you symething that's been on me wind before you walk of of my like. I know to be justice around with you also bout this sime lim reals it i've gotton to know you live grown bethe attracted to you and I really, really like you. You are a real bitch, that's why the always refer to you as a sende pit. It's that attitude they brown are to you the most, I inchein love it. for ace straight up, so, now its my turn, I bout want to see you go chick, I want to get to know you on a whole nother level and it I don't let you know how I teel I and recover got another dance I really like to chap it up with you over the plane or in a letter. It not now, then maybe somewhere down the road when you are in the mood sust sund it were too late. You can always find me on convelo. Dust do me a base and think about it. And, know that I haven't been able to think about anything close ever since you told our that you're titten to because to another post. Here is 100 baha and hit me up hates? Pit:

EXHIBIT D EXHIBIT D

		te: 7/2/2018	
Housing Unit: LHU2 ST: I	Peoples UM: Budd		
Separation Needs: Atyp	ical designation(s) None		
Activation of BMP within last	t 30 days □ Yes ⊠ No	BMP Clearance Date: 3/2	22/2018
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date: Cl	ick here to enter a date,
Mental Health Referral/Contact	ct within the last 30 days	Yes □ No	
Monthly review from MH/The	erapist: Click here to enter te	xt.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Aggression and Violence	5/23/18		Non-Compliant
Current Level: Level 1 Reason for initial placement:	Recomn	nended Completion Level:	Level 3
Multiple disciplinary viola	ntions	Multiple locked housing p	lacements
☐ Refusal to leave locked ho		STC activity	
□ Predatory/Violent/Assault			bance/riot RECENT
☐ Escape, Attempt or Facilit		Death Sentence or pendin	g death sentence
☐ Other Click here to enter to			ll n
Other Chek here to enter t	CAL		JUL I 0 2018
Special Housing Needs:			- Offication
Spit Hood Restriction	ns □ Bottom bunk/tier □	Water Restrictions(flooding	a) \(\tag{ADA}\)
□ Escort Procedures/Special	Security Procedures	water restrictions (researing	office soment
Escott Procedures/ Special	Security Procedures		
ARC on 12/6/2017. Whitford official/Staff Bribe/ Thing of	s Most recent disciplinary her value. On 6/6/2018 He received being found guilty of his moligible for level 2 on 8/26/201	aring was on 6/11/2018 for 4 ed two hearings for 4235- The st recent disciplinary hearing	hreatening Staff, and 4210,4213- g the LHU-UMT has restarted him
I whitfold refused st.	People8 refuse to	participate in my locked ho	ousing status review.
I	have	participated in my locked he	ousing status and understand I may
appeal the current review to the it will be reviewed by the Adr	ne Unit Manager and that if I a		els due to disciplinary or behavior
Locked Housing Unit ST:	pegpies		
White-Mail	Yellow	-6 part file	Pink-Inma

EXHIBIT D EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP X MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible) MAJOR X MINOR ID# 301594 Inmate Name: lativeeyapee 6-5-18 Time: 0800 Place of Incident: LHU-1 Housing Unit: LHU-1 Room/Cell: UE · 4 Job Assignment: 6012 · Un:+ Infraction Number(s) & Name(s) 428 engage in a personal relationship wi Other Inmates involved 1. Roubidoaux, Jacob Staff Witness: 1. 2. Cooper , Demetrius Description of Violation: (who, what, why, where, when and how): On the above date + time. standing yard in LHU-1. As Soon as the door to the yard closed, I'm whit for Cooper. D# 3022845 + 7/m Rabidegux, J# 3015623 attempted to ge for them. At one point they offered me eight bills. get me more money than what I make now. After I told them its multiple times, The whitford +the looper Kept as king me what I do in my space time. They then told I probably know the right connections to get meth into the prison. At this time I i pulled from the yard & replaced by another officer to do my reports. EDR REPORTING STAFF MEMBER: Supervisor Review: Inmate Status: ☑ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other Reason: Security threat I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, on or before NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

I. Hearing Date: 6 / 8 / Time: App. hrs. Place: LHUL

Attachment B

witnesses and witness statements, and my right to an appeal.

MSP 3.4.1, Institutional Discipline

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure, I also understand that by refusing to sign I am waiving my hearing, my right to

Effective January 17, 2017

Unable to Gign Pue to BMF

(Inmate's Signature / ID#)

06/05/18 (Date & Time)

INMATE: Whitford, AO#: 3015941 LOCATION: LHUB
Makuelyapee
CONTINUATION NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 6.8.18 IS/ARE BEING CONTINUED UNTIL 6.11.18
FOR THE FOLLOWING REASONS: Unable to attend Mg-
and the second s
Inmate Signature Supple to Signature DATED 6.8.18
Disciplinary Astally DATED 6.8.18

CONTINUATION NOTICE #2
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR IS/ARE BEING CONTINUED UNTIL

Copies to: Records-White

Inmate-Goldenrod

Disciplinary _____

FOR THE FOLLOWING REASONS:

Inmate Signature ______DATED _____

_DATED ____

MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: Whitford, Makueeyayon Boleny Date: 6:11:18 Infraction Number(s) & Name(s) 4209-144. To Bube Staff.
☐ I DO NOT UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: / By:
Plea: Guilty Not Guilty Other: Befull ato attend
Evidence Provided: Unflaction alpoit
Findings: Guilty of # 4209
at a
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 6000 0000 000000000000000000000000000
Reason(s) for findings: OHENGU ASKID Staff to bring harcofics into the pusor. OHENGU did not atting
ADMINISTRATIVE REVIEW/DATE 612.18 ADMINISTRATIVE REVIEW/DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

Attachment C

1.1				UP7
LA-1		NA DEPARTMENT OF		RECEIVE
504	MSP ☑ MWP ☐ DISCIPLINARY INFRA	CONTRACT FACILITY:_		JUL BBY
		staff signatures on this form must b	e legible)	DIO. 18 2018
	MAJOI	MINOR MINOR		DISCIPLINARY
Inmate Name:	Last name	Makueya	pie	ID#3015941
Date: 7/10/18	Time: /2 30	Place of Incident: / 441	i /	
Room/Cell: UE7	Time: <u>/230</u> Housing Unit:	Job Assign	ment: 99999	
Infraction Number(s) &	Name(s) 4225- ST	6 Sotivity		
		2 2 10119		
Staff Witness: 1.		Other Inmates in	nvolved 1. Coope	r, D # 3022845
2.			2.	
Description of Violation	a: (who, what, why, where	e, when and how):	. That had	been
	(1)-11	5 0 70-		71 10
confiscated for	m Whitford dw	ing an IR	search on	1/17/18.
Within the	saperwork Ch	ere are seve	ral pages o	2 Blood
Exterative W.	ritten in Co	spirs hand &	there was al	o monikers
	ture, codes, a			
				or vacariors
etc. all rel	ated Go Bloods	EOR.		
REPORTING STAFF M Supervisor Review:	MEMBER: Lomas	(Print Name)	Forms &	uchinsky ign Name)
Supervisor Review.		(Print Name)	(S)	ign Name)
Inmate Status: XI Reason: Security	Pre-Hearing Confinement	☐ Release to Previo	ous Status	☐ Other
I have reviewed this report for lea	gibility, completeness, correctness of	charge and to ensure all necessar	information is attached (evid	ence_incident/witness reports
etc.) (Shift Supervisor's Signature)	,completeness, conceaness of	7/8/18	h	7 /8/18
(Shift Supervisor's Sig	THE RESERVE THE PARTY OF THE PA	(Date)	(Warden or Designee Signa	ture) (Date)
 Hearing Date: 7/2 I understand the charge(s)? I waive my right to a hearing 	ice and have been informed of my rig	lain the charge(s) to the inmate). e sign an Agreement/Waiver/Refusal	a hearing.	òrm
disciplinary operational	ilty, I will be subject to import procedure. I also understand tements, his my right to an	d that by refusing to sign I a		
(Staff	f Signature)	(Date & Time)	(Inmate's S	Signature / D#
				3

Attachment B

MSP 3.4.1, Institutional Discipline

MS	STATE OF ONTA			CTIONS	
	•		RING DECISI	<u>O N</u>	
and the second	MAJOŔ	N	MINOR [
Inmate's Name:	hitfords	Makuee!	4ape# 3015	941 Date: 7'23.	18
Infraction Number(s)	· · · · · · · · · · · · · · · · · · ·	25 - Strat	Activity		
I do understand			RSTAND THE VIOLATIO	ON – ADDITIONAL ACTIO	N TAKEN
Continuance granted Reason:	to Date: /	/ By:			
Plea: Guilty	☐ Not Guilty	Other: D	efilled to	signiotro	Chian
Inmate's Statement:		A 41		2019 1711 1110	
	<u> </u>				
				<u> </u>	
Evidence Provided:	10tracti	on real	ort STG	materia	<i></i>
		er, i caps			
· \	lty of # 4225		☐ Not Guilty of #		
Evidence Relied On:	intractio	n repo	M, STan	raterial	
					
 					
For Sanction Purpose	s:[Circle the number of prior	Major/Minor Infractio	n Reports: 1 2 3	4 Grid Level to Us	se:5
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Sanction(s): 180	Lays alt	CAHOI	7,0050	iays	
1201	50 S72	<i>O</i>			
	110010				
Reason(s) for findings		offen	Tex had	STErmateri	70.
Hender i	refused to	Signi	nfractio	n report-	-
hearing	held wor	of him	per pol	ICU.	-
	7/	.6	COCO	VIM V	<i>an</i> 🔊
ADMINISTRATIVE REVIE	2000 7.23-	~ ~	CHELINARY HEARINGS	DEFICER / UNIT DISCIPLINAR	<u> </u>
· · · · · · · · · · · · · · · · · · ·				the Warden. In order t	
an appeal, I must sub	mit a completed appeal	form to the Disci	plinary Hearings Off	icer within 15 days from	today.
				evidence and document	
not proportionate to the		ary procedures w	ere not followed; (3)	the sanction(s) imposed	1 are
DO NOT WISH T	O APPRALA	\bigcirc			
Inmate's Signature / ID	#: TICHUSE	<u> </u>			
Copies to: Records (Wh	nite) Parole Board-P	Majors only (Yello	w) Housing Unit (Pink) Inmate (Golden	rod)

Attachment C

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP X MWP CONTRACT FACILITY: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible) MAJOR X MINOR ID# 301594 Inmate Name: lativeeyapee 6-5-18 Time: 0800 Place of Incident: LHU-1 Housing Unit: LHU-1 Room/Cell: UE · 4 Job Assignment: 6012 · Un:+ Infraction Number(s) & Name(s) 428 engage in a personal relationship wi Other Inmates involved 1. Roubidoaux, Jacob Staff Witness: 1. 2. Cooper , Demetrius Description of Violation: (who, what, why, where, when and how): On the above date + time. standing yard in LHU-1. As Soon as the door to the yard closed, I'm whit for Cooper. D# 3022845 + 7/m Rabidegux, J# 3015623 attempted to ge for them. At one point they offered me eight bills. get me more money than what I make now. After I told them its multiple times, The whitford +the looper Kept as king me what I do in my space time. They then told I probably know the right connections to get meth into the prison. At this time I i pulled from the yard & replaced by another officer to do my reports. EDR REPORTING STAFF MEMBER: Supervisor Review: Inmate Status: ☑ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other Reason: Security threat I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, on or before NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

I. Hearing Date: 6 / 8 / Time: App. hrs. Place: LHUL I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate

Attachment B

witnesses and witness statements, and my right to an appeal.

MSP 3.4.1, Institutional Discipline

disciplinary operational procedure, I also understand that by refusing to sign I am waiving my hearing, my right to

Effective January 17, 2017

Unable to Gign Pue to BMF

(Inmate's Signature / ID#)

(Date & Time)

INMATE: 4) hittord, AO#: 3015941 LOCATION: LHUD
Makuelyapee
CONTINUATION NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 6.8.18 IS/ARE BEING CONTINUED UNTIL 6.11.18
FOR THE FOLLOWING REASONS: unable to attend mg-
ON BUP
Inmate Signature Linoble to Signature DATED (0.8.18
Verballeysansid
Disciplinary Aslaugusta DATED 6.8.18

CONTINUIATION NOTÎCE #2
CONTINUATION NOTICE #2
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR IS/ARE BEING CONTINUED UNTIL

Copies to: Records-White

Inmate-Goldenrod

Disciplinary _____

FOR THE FOLLOWING REASONS:

Inmate Signature ______DATED _____

_DATED ____

STATE OF FINONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: White Hold Make William South Staff. Infraction Number(s) & Name(s) 4209-144. To Hold Staff. I do understand the violation I do not understand the violation - Additional Action taken
Continuance granted to Date: / By:
Reason: Plea: Guilty Not Guilty Defusion attends
Plea: Guilty Not Guilty Sother: Set USLO TO Ottonal Inmate's Statement:
Evidence Provided: Unfaltion alpolt
<u> </u>
Findings: Guilty of # 4209
at : 3
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 65 Grid Level to Use (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 1 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Reason(s) for findings: Offendus AND How How how he had a second
haicotics into the pusor. Offender did not attend
rearing Colored Colored Colored
ADMINISTRATIVE REVIEW/DATE: 612:18 COMMUNICIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

Attachment C

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1	-				Dr	
		F MONTANA DE			ONS RE	CEIVED BY
		MWP CON	TRACT FACILITY N REPORT / NO		RING	IN 0 6 2018
	DISCH LIN	(Information and staff sign	natures on this form mu	ust be legible)		
	. ^	MAJOR Z	MINO	OR 🗌	DIO	CIPLINARY
nate Name:	Whit to	rel	Ma	Kueeyape	e ID#	301594
te: 6.5-18	Last name Time:	\$ 1730 Place o	First of Incident:	st Name		
om/Cell: LC-L	Housing U	Jnit: LHu-2	Job Assi		3 (ell	Study
raction Number(s)) & Name(s) <u>4</u>	235 Threa	tening St	latt'		
	1				1110	
aff Witness: 1	1111		Other Inmate	es involved 1.		
2	10 1 a 1			2	NH	
scription of Violat		, why, where, when		on the el	sove das	e and
me while	· A	in LHu-2	I/M U	1	las Kickin	& his c
Windo	when I	ell him to	Stop Kil	und asked Kine the o	DOOR IN	n white
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covered n.	5 Window		red yelling		4	11.0
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PORTING STAFI pervisor Review: The reviewed this report for the reviewed the report for the reviewed a copy of this report for the reviewed the re	Pre-Hearing Contents on my behalf start of the second procedure, I all pro	Stated by "Se his greatest You Stated You have for three of Print Nonfinement [Print Nonfinement of March 1988] NOTICE OF HEARING informed of my right to atteine: And have long the print of the print	Release to Predict of the sanctions a py refusing to sign	evious Status evious	(Sign Name) (Sign Name)	ent/witness reports, (Date)
PORTING STAFI pervisor Review: ason: Innut (Shift Supervisor We reviewed this report for (Shift Supervisor We received a copy of this Hearing Date: 6/1 I understand the charged I waive my right to a he Present evidence and wi Other pertinent notation aderstand, if found ciplinary operation messes and witness	Pre-Hearing Contents on my behalf start of the second procedure, I all pro	Stated by "Se his greatest You Stated You have for three of Print Nonfinement [Print Nonfinement of Manager of the Arm of the his his property of the his property of	Release to Predict of the sanctions a py refusing to sign	evious Status	(Sign Name) (Sign Name)	ent/witness reports, (Date)

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: Whitford Washroeyapee ID #30,5944 Date: White
Infraction Number(s) & Name(s) 42354 Threatening Staff
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: / By:
Reason:
Plea: Guilty Other:
Inmate's Statement:
Sugused to Sign/be Served
Evidence Provided: Ingraction Report
Findings: DeGuilty of # 4235 Not Guilty of # Evidence Relied On:
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s):
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 10 days altertion 10 find 10
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 10 days altertion 10 find 1
Reason(s) for findings: ADMINISTRATIVE REVIEW/DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions). I DO NOT WISH TO APPEAL I DO NOT WISH TO APPEAL I DO WISH TO APPEAL I DO NOT WISH TO APPEAL I DO WISH TO APPEAL I DO NOT WISH TO APPEAL I

Attachment C

MSP 3.4.1, Institutional Discipline

7	_			RECEIVED BY
1	STATE OF MON	TANA DEPARTM	ENT OF CORRECTION	ND .
	MSP MWP	CONTRACT FA	CILITY:	JUN C 6 2018
	DISCIPLINARY IN	FRACTION REPOI	RT / NOTICE OF HEAR	ING
		ion and staff signatures on thi	s form must be legible) MINOR	DISCIPLINARY
Inmate Name:	whitford		MakueeyaPee	ID# 30/594/
Date: 6-5-18	Last name	40.00	First Name LHul E-Bloc	1.
	Time: 1300	Place of Incident	1441 6-1860	u
Room/Cell: WE4	Housing Unit:	Hu I	bb Assignment: 601%	- Block Swamper
infraction Number(s)	& Name(s) 4216- F 4213-16	looding		
	4215-76	ctasing A Virel	VIAC	
Staff Witness: 1.		Other	Inmates involved 1.	
2.			2.	
_			,	1.
Description of Violat	ion: (who, what, why, w	here, when and how): on the above	e date + time,
Set. Webs	was told to	more Inm	cte Whitford, N	Talenee ve Pee
13075941 to	LHutt Placemen	nt on PHC-13	717 Status, upor	Arriving At
115 Cell He W	5 civen the o	ider to turn	cround and cal	+ up. He retused
te was then -	told again to C	affus he a	sain refused. +	left the block
and Contacted	Comman	1 Post who	contacted I.F	? 5 to Have
nuarte Whitte	rd to marod from	a lase poll i	1 This 1:	the Turnet
whitford was	able to Flood	his cell an	of the Block. E	D
REPORTING STAFF	MEMBER: SSt	. Weber	Let.	lilly
Supervisor Review:		(Print Name)		(Sign Name)
supervisor review.		(Print Name)		(Sign Name)
Inmate Status:	Pre-Hearing Confinem	ent Dologo	to Drovious Ctatus	
Reason: Current	ly on detention	as of earlie	r this day	Other
I have reviewed this report for	legibility, completeness, correctr	ness of charge, and to ensure a	Il necessary information attached	(evidence, incident/witness reports,
etc.)	-	615110		
(Shift Supervisor's	Signature)	(Date)	(Warden or Designee S	Signature) (Date)
Hearing Date: 6/ I understand the charge(s I waive my right to a hear	notice and have been informed of S / S Time: Analysis of P Yes No (if no, verbal ring? Yes No (if yes, have messes on my behalf. Yes No	hrs. Place: ly explain the charge(s) to the inmate sign an Agreement/W	t evidence at a hearing.	uest form
		I		
disciplinary operations	procedure Lake under	imposition of the sanc	tions as outlined in the insti to sign I am waiving my he	tutional inmate
witnesses and witness	talements, and my right t	to an appeal	to sign I am waiving my he	Fr Loo San Not
oulle,	HUC	an appoint	Kesusea	10 He server
(6	aff Signature)	(Date & Time	e) (Inma	te's Signature / ID#)
			STOlhaus	2011
			- Unda	SEVI

Attachment B

MSP 3.4.1, Institutional Discipline

)
STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: White Major Minor ID # 301594/ Date: White Infraction Number(s) & Name(s)
Plea: Guilty Not Guilty Other:
Inmate's Statement:
Refused to be served
Evidence Provided: Ungraction Report
Findings: A Guilty of # 4210 Floring Not Guilty of # Evidence Relied On: 4213 Refusing
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 6] Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 10 days defention 10 fills defention
0 1 1 1 1
How the 5gt- Ite fooded his Cell
ADMINISTRATIVE REVIEW DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL APPEA
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford Extraction				Statement #:	12781
Incident Date:	06/05/2018	Incident Time:	12:50 PM	Statement Date:	06/05/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/E/UPPER/4/LHU-1 UE-4 to LHU-1

LC-5

Summary of Incident

On the above date and time I, SSG Segovia, was called by command post to move inmate Whitford from LHU-1 to LHU-2 because he is refusing for unit staff. I sent 2 IPS Officers to LHU-1 to move inmate Whitford which he refused then started flooding his cell. Myself and the rest of the first shift IPS team grab our gear and went to LHU-1. Once in LHU-1 I went onto E-blocked and approached inmate Whitford's cell. I could see in his cell had about 2 inches of standing water and all his property set on his bunk. I asked inmate Whitford if he would cuff up for me. There was no response from inmate Whitford and he started to unfold his blanket and cover up his property. I then told inmate Whitford to come to the slot to cuff up so I could get him out of his wet cell. Inmate Whitford didn't respond just paced around in his cell then turned his T.V. on and started watching T.V. At that time, I left the block and started my cell extraction procedures. Once ready myself and the first shift IPS team went back onto the block. While coming onto the block inmate Whitford saw the stun Shield and raised his hands to the window and brought his wrist together simulating a cuffing motion. Once at his cell door I gave inmate Whitford a direct order to remove his clothing and come to the slot to be cuffed. Inmate Whitford complied at first and removed his clothing to his underwear. I had to repeat the order several times to inmate Whitford to remove his underwear. Once he complied with my orders he was cuffed behind the back and secured with the restraint retainer. The cell door was then opened and spit hood placed over his head, leg irons applied, and a towel was used to ensure his privacy. Inmate Whitford was then escorted to LHU-2 LC-5 and when the cuffs were being removed he grabbed the restraint retainer and tried to pull the rope into the cell. Inmate Whitford failed to pull the rope in and staff shut the food slot and left the block without any further incident. EOR

Involved Persons No Individuals are associated with this Incident Statement Source and Documentation Confidential Informant: No Information Source: Staff - Deeks, Kelly Reporting Staff: Segovia, Daniel Title: Correctional Officer Sqt Date: 6/5/18 Signature: Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Review and Remarks: Resheused Supervisor Name: W Title:

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Original - 09/14/2016

Printed: 06/05/2018 @ 01:59 PM Page 1 of 2

EXHIBIT D



Montana Department of Corrections

Statement of Incident

	Statement #:	12781
Incident Time: 12:50 PM	Statement Date:	06/05/2018
Kan	Date: <u>6:5-/8</u>	
to those this report will be di	stributed to):	
Security Major	Medical	
Unit Manager	Maintena	nce
Command Post	Investigat	tor's Office
Inmate Records Fi	ile MCE	
Inmate Unit File		
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	to those this report will be di Security Major Unit Manager Command Post	Incident Time: 12:50 PM Statement Date: Date: Date: Medical Unit Manager Maintena Command Post Investigate

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 06/05/2018 @ 01:59 PM

Page 2 of 2

Original - 09/14/2016

Name: Whitford, Makueeyap	ee MSP/DOC# 3015941 Dat	te: 5/16/2018	
Housing Unit: LHU2 ST: S	Smith UM: Budd		
Separation Needs: Atyp	ical designation(s) None		
Activation of BMP within last	30 days □ Yes ☒ No	BMP Clearance Date: 3	3/22/2018
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date:	Click here to enter a date,
Mental Health Referral/Contac	ct within the last 30 days 🗆	Yes □ No	
Monthly review from MH/The	erapist: Click here to enter tex	f.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Aggression and Violence	5/23/18	Completion Bate	Non-Compliant
- 58			Tion compliant
Current Level: Level 1	Recomm	ended Completion Level:	Level 3
Reason for initial placement:			
	tions	Multiple locked housing	placements
☐ Refusal to leave locked ho		STG activity	* 1 HE 1 TO E TO E TO E TO E
☑ Predatory/Violent/Assaulti	ve Behavior	Planning A serious distu	rbance/riot RECEIVED
☐ Escape, Attempt or Facilita		Death Sentence or pend	ing death sentence
☐ Other Click here to enter to	•		MAY 9 4
	W. C. D. C. C.	C	lassification & Placement
Special Housing Needs:			-osilication & Di-
⊠ Spit Hood □ Restriction	is □ Bottom bunk/tier □	Water Restrictions(flooding	ng) \ Applice \ Applice
⊠ Escort Procedures/Special		ate. restrictions(needin	
	334411, 1104444165		
ARC on 12/6/2017. Whitford a possession of a sharpened instantante Whitford will be required whitford has been found guilty other inmates, obstruction staff	had been found guilty of majo rument, and tampering with a red to complete max levels 1-3 y of fourteen major infractions f, insolence, and refusing orde , level 3 on 10/16/2018 and ge	r infractions including una locking device. Whitford b, he began level 1 on 1/2/2. These threatened staff or rs. Whitford restarted level eneral population on 1/16/2.	locked housing placement by the authorized area, abusing medication, has one prior classification to max. (2018. In the Month of March to date on several occasions, encouraging let 1 on 4/13/2018. He will be up for (2019. LHU UMT recommends that is plan will be reviewed with
IWhitford		refuse to participate in	my locked housing status review.
I	have	participated in my locked	housing status and understand I may
it will be reviewed by the Adm	nin Review Committee.	n reduced two or more le	housing status and understand I may vels due to disciplinary or behavior
Locked Housing Unit ST:	(200)		
White-Mail	Yellow-	6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D

Name: Whitford, Makueeya	pee MSP/DOC# 3015941 Da	ate: 4/17/2018	
Housing Unit: LHU2 ST:	Smith UM: Budd		
Separation Needs: Aty	pical designation(s) None		
Activation of BMP within la	st 30 days ⊠ Yes □ No	BMP Clearance Date:	3/22/2018
Activation of SMP within las	st 30 days □ Yes ⊠ No	SMP Clearance Date:	Click here to enter a date,
Mental Health Referral/Cont	act within the last 30 days \Box	Yes \square No	
Monthly review from MH/T	herapist: Click here to enter te	xI.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Aggression and Violence			Non-Compliant
Current Level: Level 1		mended Completion Level	: Level 3
Reason for initial placement:		1 14 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Large and
Multiple disciplinary vio □ P. f. alta land alta		Multiple locked housing	placements
☐ Refusal to leave locked h		STG activity	Access to the
□ Predatory/Violent/Assau □ Fredatory/Violent/Assau □ Fredatory/Violent/Assau		Planning A serious distr	RECEIVED
☐ Escape, Attempt or Facil		Death Sentence or pend	ling death sentence
☐ Other Click here to enter	lext.		MAY 1 2 2018
Special Housing Needs:			MAT 1 2 2010
Spit Hood □ Restricti	ons Bottom bunk/tier	Water Restrictions(floodi	ng) ADClassification & Placement
⊠ Escort Procedures/Specia			Office
ARC on 12/6/2017. Whitford possession of a sharpened in Inmate Whitford will be required Whitford has been found gui other inmates, obstruction stalevel 1 on that date. LHU UN	d had been found guilty of maj strument, and tampering with a gired to complete max levels 1- lty of fourteen major infraction aff, insolence, and refusing ord	or infractions including un a locking device. Whitford -3, he began level 1 on 1/2 ns. These threatened staff of lers. Whitford finished det Whitford completes the New	r locked housing placement by the nauthorized area, abusing medication, has one prior classification to max. /2018. In the Month of March to date on several occasions, encouraging ention on 4/13/2018 and restarted w Freedom Binder "Aggression and
11	refu	se to participate in my lock	ted housing status review.
appeal the current review to it will be reviewed by the Ac	the Unit Manager and that if I		housing status and understand I may evels due to disciplinary or behavior
Locked Housing Unit ST: G	eorge Smith		
White-Mail	Yellow	v-6 part file	Pink-Inmate

EXHIBIT D EXHIBIT D UB-8

MSP BEHAVIOR MANAGEMENT PLAN CLEARANCE NOTIFICATION

Inmate: Whitford	, Makueeyapee		3015941		LHU-1
	Name		AO	/ID number	Unit
Dates Cleared for BMI	Activation: 3/2	22 /18	to	9/22 /18	_
Description of dangero BMP Clearance: T	us and/or assaultive b preatening Staff 6 times			aged in so as to	necessitate a
This is notification that you engage in any further activated. Upon activation you will be issued a security blane Each meal will be a serve supply in the cell will be next 48hrs you will programmed when you start Step #2 when you start Step #2 when you start Step #3, for the next 24hrs you will be golanket/mattress with regretation another of the you maintain another freceive all privileges that	I start at Step #1. All it ket/mattress, and a safe ing of food loaf. If you remotely controlled by ress to Step #2. unit staff will issue you all continue to be a servill progress to Step #3. unit staff will return co in receiving regular megular unit bedding.	ems will be rerety gown. Noth have engaged a staff. If you do a pillow and ening of food load als instead of fooduct the Bl	moved from the ning else will be in any previou don't engage in exchange the saft. If you don't ter supply in the food loaf, and u	ext six months the cell you are hou allowed to be keep any disruptive confety gown with reengage in any distribution of the cell to you (if in it staff will replace)	is plan will be sed in. You will ept in the cell. ior, the water onduct for the egular unit sruptive conduct t had been ace the security
You will be offered show the entire time. If you do	vers every two days. Y	ou must mainta		hygiene and keep	your cell clean
f you plug, damage, or a supply and you will be re		imbing fixtures	s, unit staff will	take control of t	he cell's water
You will not be allowed	out-of-cell recreation d	uring an active	BMP plan.		
You will not be allowed cited for a rule violation previously scheduled her	while your BMP is acti	vated, it may b	e considered a		
This BMP will remain in his six month period if y					any time during
whitford, Makue eleared for, and have been engage in any dangerous understand that if I don't will not be activated.	en placed on a Behavior and/or assaultive beha	viors this BMP	will be activated with the will be activated as well	the next six more ed as explained a	above. I nonths this BMP
nmate:	Signature	-	3015941 AO/ID#		3/28 /18 Date
Jnit Staff:	5110		Unit Mana	ager	3/28 /18
	Signature		Title		Date

DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME: DATE: 3/27/18 3015941 Whitford Makueeyapee LAST NAME FIRST NAME MIDDLE NAME TIME: 1015 FROM UNIT AND ASSIGNMENT: TO UNIT AND ASSIGNMENT: CODE: MSP: MSP: DOC LHU-1 ISO ☑ Unit LHU-1 BMP ⋈ MSP ☑ Unit ☐ MWP Assignment Assignment MWP: MWP: RPC Pod Cell Bed Pod Cell Bed ☐ CD** Regional Prison: Regional Prison: Pod Pod □ DD** MASC MASC HOLD ☐ Hospital ☐ Hospital ☐ Conditional Cond. Release Release OLTC CUSTODY: OLTC ☐ MIN 2 MSH-WS MSH-WS Pre-☐ Pre-Release MIN 1 Release Inmate Worker ☐ MED 2 □ ISP ☐ ISP ☐ MED 1 ☐ TSCTC-Trainee ☐ Probation ☐ TSCTC-Trainee ☐ Probation ☐ CLOSE ☐ Treatment Programs \bowtie MAX ☐ Treatment Programs Transfer ☐ Transfer ☐ AD SEG ☐ Escape ☐ Apprehended State: ☐ Escape ☐ Apprehended State: REST RECEIVED MAR 38 2018 Parole Violator Release AD SEG Probation Violator START Center START Center ☐ In Transit ☐ In Transit ☐ New Inmate ☐ 10-Day Furlough ☐ 10-Day Furlough Other **Notify the Infirmary and Mental Health when PHC, DD or CD **Health Services clearance** Yes No (If No, attach Special Needs Treatment Plan) COMMENTS: Move from SMC cell on a BMP to a regular PHC cell STAFF MEMBER'S NAME / SIGNATURE: Greg Budd It is mandatory that all ADR's are turned into the Placement/Movement Office when a move is made. All ADR's are filled out by the sending unit with the exception of a jail hold & Infirmary, which will be filled out by the receiving unit.

Information must be complete with housing unit and job assignment number and including title.

CC: RECORDS - WHITE MINI FILE - CANARY

REV. 1/12

		5	
STATE	OF MONTANA DEPARTMEN	T OF COPPECTIONS	
MSDF	MWP CONTRACT FACIL	RECEIVED BY	
DISCIPLI	NARY INFRACTION REPORT	NOTICE OF HEARING MAD 9 6 2010	
	(myormanon and stay) agricultures on this join	n must be legible)	
101/01/	2 1 /	DISCIPLINARY	1.
nmate Name:	torol IVI	a Kuceyapae 10# 301594	11
Date: 63-24-18 Last nan	2100 Place of Incident:	First Name	
com/Cell: SMC Housing	Unit: 1411 Joh A	ssignment aggrega Unaccioned	
ntraction Number(s) & Name(s)	1212: MIHULY Tampe	tring With damaging of levice, or other security	_
	PHILL CHOICE		
2	1210: Destroying state	property	_
taff Witness: 1.		nates involved 1.	
2.		2.	
escription of Violation: (who wh	at why where when and how).	On the above date arr	1
me Inmate Inhi	Hord M #-30159	741 tenestedly kicked his	1_
on covered his	Security camera	41 repeatedly Kicked his and Shoved all of his	
othing down the t	cilet, inmate white	od has then moved to 511/10	2
Un			_
			_
			_
			_
	N. I. I	0141	_
EPORTING STAFF MEMBER:	(Print Name)	_ Sgt Ply	
upervisor Review:		(Sign tyame)	
	(Print Name)	(Sign Name)	
(1)	Confinement Release to		
		cessary information is attached (evidence, incident/witness reports,	
ave reviewed this region for regionity, complete	B - 3 OH K	ressary information is attached (evidence, incident/witness reports,	,
(Shift Supervisor's Signature)	(Date)	(Warden or Designee Signature) (Date)	_
ave received a convict this was antique be	NOTICE OF HEARING/PREHEARING Informed of my right to attend and present evident		_
1. Hearing Date: 7 / 2010	Time: Whirs. Place: CHILL		1
3. I waive my right to a hearing? Yes No	o (if no, verbally explain the charge(s) to the inmo o (if yes, have inmate sign an Agreement/Waiver/	(Refusal form)	
Present evidence and witnesses on my befal Other pertinent notations:	Yas No If inmate has witnesses have h	m/her complete a Witness Request form	
understand, if found guilty, I will be	subject to imposition of the sanction	s as outlined in the institutional inmate	
sciplinary operational procedure. I	also understand that by refusing to s	ign I am waiving my hearing, my right to	
That ce yard withere tratements and	my right to an anneal		
4. XIIIIIII	my right to an appeal.	unable to Sign	
(Staff Signature)	my right to an appeal. 220 S 15 (Date Time)	unable to signature ID#)	
4. Xlally Wh	32610,915	(Inmate's Signard ID#)	
4. Xlally Wh	32610,915	(Inmate's Signature) ID#)	

EXHIBIT D EXHIBIT D

*NMATE: Whitford, AO#: 3015941 LOCATION: 3 LHUI
Makuleyaple
HEARING CONTINUATION NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR <u>3.28.18</u> IS/ARE BEING CONTINUED UNTIL <u>3.29.18</u>
FOR THE FOLLOWING REASONS: CUrrently on a BMP
Inmate Signature Vubally advised DATED 327.18
Disciplinary Collary DATED 327.18

HEARING CONTINUATION NOTICE #2
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR IS/ARE BEING CONTINUED UNTIL
FOR THE FOLLOWING REASONS:
Inmate SignatureDATED
DisciplinaryDATED
•
Revised: Oct 2012 Records (White) Inmate (Goldenrod)

EXHIBIT D EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION
MAJOR MINOR
Inmate's Name: Whitford, Makueeuppen #3015941 Date: 3.29.18 Infraction Number(s) & Name(s) 4717-Tangoru Our Makueeuppen #3015941 Date: 3.29.18
Infraction Number(s) & Name(s) 422-Jarapin 100 lock 1
Continuance granted to Date: / / By:
Reason:
Plea: Guilty Other:
Inmate's Statement: 1000 110+ NOVE TTYLE TO CONFELL
Light The action of the soul a carbon
Drong Turbulla libe alla dinolli hearing
to be selfinded
i de la companya del companya de la companya del companya de la co
Evidence Provided: (IN SECRET OU LE DOUT, INCIDENT SEPORT
1010/1610
Findings: Guilty of # 4212/42 O Not Guilty of #.
Evidence Relied On: Unfaction Suport, incident Suport
+ n
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): #30 DO fine.
Regson(s) for findings: , Affenda, Vickod Nix (100)
door and shoved Hems down the toilet.
1) Manualila pro 10
ADMINISTRATIVE REVIEW / DATE CONTROL OF CONT
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s).
Inmate's Signature / ID#:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
Revised: December 2014

	RECEIVEL	DI
STATE OF MONTANA DEPARTMENT OF CO	ORRECTIONS	MSP 3.4.1 Attachment J
MSP MWP CONTRACT FACILITY:	AFR	
	DISCIPLIN	VARY
Disciplinary Appeal	-	
(major infractions only)		
Inmate's Name: Whitford, Makuellapelin# Date: 3/2/18 Infraction(s): 42/2-tampeling; 4 Disciplinary Hearing Decision: 830,000 July 2	30,15941	- 1 4/1
Date: 3/2/18 Infraction(s): 42/2-tampering; 4	210-Dest. De	opert
Disciplinary Hearing Decision.		
Inststructions: Document why one, two, or all three of the following apply	and submit it to the Di	HO or DH
There was no evidence or documentation to support the decision.		
		ALC: NOTE:
2. Required disciplinary procedures were not followed. No free	To 050000	
and best of the Acade to the total of the Acade to the Ac	lu clast c	LAST LE
2. Required disciplinary procedures were not followed. No the materials to prepare a defense. No ess to Doc/MSP policies. No preservation	ac deat	Lion to
rine evidence.	a 01 01.50.1111	100,00
3. The sanction(s) is excessive.		
2. The barreton(b) is encessive.		
		The roll
		17.50
1) 0 1 #		
127 DW 3 159/19		
3 159119 Date		
Imate Signature Date		
WARDEN OR DESIGNEES RESPONSE		
WARDEN OR DESIGNEES RESPONSE Warden or designee:		NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding?		NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures?	YES 🗗	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)?	YES YES	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision:	YES YES YES	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Affirm. I uphold the decision of the DHO and the sanction(s) imposed	YES YES YES Q	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I disagree with the actions of the DHO and dismiss the infra	YES YES YES Qued.	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I disagree with the actions of the DHO and dismiss the infra Modify. I uphold the decision of the DHO, but the sanction(s) imposed	YES YES YES Qued.	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Affirm. I uphold the decision of the DHO and the sanction(s) impose Dismiss. I disagree with the actions of the DHO and dismiss the infra Modify. I uphold the decision of the DHO, but the sanction(s) impose reduced to:	YES YES YES Qued.	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I disagree with the actions of the DHO and dismiss the infra Modify. I uphold the decision of the DHO, but the sanction(s) imposed	YES YES YES Qued.	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I uphold the decision of the DHO and the sanction(s) impose Modify. I uphold the decision of the DHO, but the sanction(s) impose reduced to: suspended for:	YES YES YES Qued.	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Affirm. I uphold the decision of the DHO and the sanction(s) impose Dismiss. I disagree with the actions of the DHO and dismiss the infra Modify. I uphold the decision of the DHO, but the sanction(s) impose reduced to: suspended for: Written justification for the action taken above:	YES YES YES Qued.	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I uphold the decision of the DHO and the sanction(s) impose Modify. I uphold the decision of the DHO, but the sanction(s) impose reduced to: suspended for:	YES YES YES Qued.	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Affirm. I uphold the decision of the DHO and the sanction(s) impose Dismiss. I disagree with the actions of the DHO and dismiss the infra Modify. I uphold the decision of the DHO, but the sanction(s) impose reduced to: suspended for: Written justification for the action taken above:	YES YES YES YES Qued. ed. action. sed shall be:	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Affirm. I uphold the decision of the DHO and the sanction(s) impose Dismiss. I disagree with the actions of the DHO and dismiss the infra Modify. I uphold the decision of the DHO, but the sanction(s) impose reduced to: suspended for: Written justification for the action taken above:	YES YES YES YES Qued. ed. action. sed shall be:	NO [NO [NO [





Original - 09/14/2016



Montana Department of Corrections

Statement of Incident

Title: Whitford BMP Restart		Statement #:	9863
Incident Date: 03/24/2018 Inci	dent Time: 09:00 PM	Statement Date:	03/24/2018
Jurisdiction: Montana State Prison			
ncident Scene			
Incident Occurred at Facility? Yes			
Location: Montana State Prison/Maxim	um Security/Locked Hous	sing Unit 1/LHU1 Level 1/1	
Summary of Incident			
On the above date and time, I Sergeant L had been seen and given water 15 minute had repeatedly kicked his door and dema Inmate Whitford, he treatened to, "Take the continued to make treats and kick his doccontinued count. When I returned to the Scloths and shoved them down his toilet. In writen up and restarted on Step 1.	es before I went and talke anded that someone come nings to the next level" if or he would restart his BN Sergeant's Office, the Ma	ed to him. In that 15 minutes, inmate e and talk to him. Once I went back the he had to. I told Inmate Whitford tha MP. Inmate Whitford responded, "Ok in Cage notified me that he had take	Whitford to talk to t if he then." I en all of his
nvolved Persons			
Category Person Offender Whitford, Makueeyapee - 3015941	Narrative -		
Source and Documentation			
Confidential Informant: No			
Information Source: Staff - Luly, Malina	1		
Reporting Staff: Luly, Malina		Title: Correctional Officer Sgt	
Signature:	4	Date: 03-24-18	
No Notes are associated with this Inciden	t Statement		
NOTE: Supervisors must review all	reports for accuracy	before signing off	
Supervisor Review and Remarks:			
Supervisor Name: 4. McW	abb	Title: Lieutenant	
Signature: 1. M. 7	3/1	Date: 3-24-18	
Routing List (Place an X next to tho	se this report will be		
Helena Office	Security Major	Medical	
MSP Duty Officer	Unit Manager	Maintenan	ce
		Investigato	r's Office
Warden or Designee	Command Post		or s Office
Warden or Designee Deputy Warden	Inmate Records		or's Office

Printed: 03/24/2018 @ 09:45 PM Page 1 of 2



Statement of Incident

Incident Time:

Title: Whitford BMP Restart

Statement #:

9863

Incident Date:

03/24/2018

09:00 PM

Statement Date: 03/24/2018

Jurisdiction: Montana State Prison

_____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/24/2018 @ 09:45 PM

Page 2 of 2

PRIVILEGED DISCIPLINARY NOTES Inmate Name: Whitford, Makueeyepee AO# 3015941 Date/Time of Incident: 3/24/18@21@ Infractions: 4212/4210 Hearing Accommodations or Needs to Consider for scheduling: No Walidated STG: Yes : Mental Health Concerns: Yes MH Staff Member consulted: No Case Plan: Yes No Sep. Needs: Yes with whom: Evidence provided for consideration in hearing: Video Evidence: Yes No Physical Evidence: Yes No Incident Reports attached: Yes No Witnesses statement requests: Yes Requested Witness Name(s): Staff Witness S Did requested witness(es) chose to provide a statement? Yes \(\sigma\) No \(\sigma\) Date form given: Date given to witness to return statement by:______ Date returned: **Inmate Statement:** Items to consider for determination of disciplinary infraction level and sanctions: Currently serving detention: Yes Sanction: 70 days det RPC date: 6-5-18? No Sup. Sanction: Yes Sanction: No Priors: #24Similar Violations: Yes #____No Prior #4222 in last 3 years- Yes No Current Restriction Level: 1 2 N/A End Date____ Grid level: 1 2 3 🔀 Restitution Cost(s): \$ Investigator

Page of

Kilking a lo	cking	acri	u + Co	wering	<u> </u>
Kicking a lo a Camera are	<u> </u>	ecuriti	y threa	<i>+</i> :	
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Investigator:				3-24	~ 1 \ \

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 405 of 527

		7 9	E	CHUIUB8
		NA DEPARTMENT OF		RECEIVED BY
•		CONTRACT FACILITY: CTION REPORT / NOT		MAR 23 2018 3
	(Information and MAJO	d staff signatures on this form must be R MINOR [
Inmate Name:	11 . 1 . 1	Makveeyapee First N		ID# 201594/
		Place of Incident:		5010111
Date: 3-22-18 Room/Cell: 2.A-	3 Housing Unit: / L	Inh Assign	ment Agaga	nassigned
Infraction Number(s	1 & Name(s) 4213 - X	efusing direct on tentionally obsigned staff	tructing, hi	indering or
Staff Witness: 1		Other Inmates in	nvolved 1	
_	tion: (who, what, why, where	e when and how).	h	01 16.
inmate wh	it ford covered	his cell win	dow and u	souldn't
pass throw	staff orders to	pening the fo	od Slot to	see inside
the cell i	Shit Ford was heets fied to	Standing on	his toilet	head. I called
Command Post	o unfix the	5 come up.	to the w	it. Whit Ford
several or	ders IPS Fi	nally act w	hit Ford to	comply
incidents.	s to move him	+0 5MC-1	with out	any turner
REPORTING STAF	F MEMBER: Danis	(Print Name)	Sol	amire
Supervisor Review:	1 d	(Print Name)	(S)	gn Name)
Inmate Status:	Pre-Hearing Confinement			□ Other
Reason:	for legibility, completer ss. correctness o	foliance and to account all accounts:	-C	- Contacuto to consequence
etc.)	Way	3/2/8	mormation is attached (evid	/ /
Shift Supervisor	the state of the s	(Date) HEARING/PREHEARING AC	(Warden or Designee Signa	ture) (Date)
Hearing Date: Understand the charge	is price and there been informed of my received. Time: Solve No (if no, verballyed) Time: Solve No (if yes, have inmat witnesses on my behalf. Time: Time: Time: Tim	ight to attend and present evidence at hrs. Place: 1 the inmate)	a hearing.	iorm
I understand, if found	d guilty, I will be subject to imp	osition of the sanctions as ou	utlined in the instituti	onal inmate
witnesses and witness	nal procedure. I also understant statements, and my right to an	320 B 095 X	unableto	sign
	(Staff Signature)	(Date & Time)	(Inmate's)	Mgnature (ID#)
			11/04 K	
			1	

Attachment B

MSP 3.4.1, Institutional Discipline

•	STATE O ONTANA DEPARTMENT OF CC ECTIONS
	MSP MWP CONTRACT FACILITY:
	DISCIPLINARY HEARING DECISION
	MAJOR MINOR O
Inmate's Name:	Whitford, Makueeup 08e0 # 30/594/Date: 3.29.18
Infraction Number	r(s) & Name(s) 4213- Refusing anorder; 4220-8 bs-m
-	ND THE VIOLATION I I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKE
Continuance grant	ted to Date: / By:
Reason:	
Plea: Guilty	Not Guilty 1 Other:
Inmate's Statemen	it The it to iso so, toasn't given
y y ucc	essione sur privet. The advishistrati
move a	Divide to with the pury liter at
aduju	oscipulation de la collection de la coll
No.	and the state of t
Widence Provided	in house of the second of the
q-menee 110-men	" ITATACOTOTI TEPOPE
Findings:	Guilty of # 4713 14220 Not Guilty of #
Evidence Relied On	
	" ITHUCCITON SUPPLY
	+ +
For Sanction Purp	oses: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 6) Grid Level to Use:
	oses: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Use: r guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions)
(Circle number of prior	
(Circle number of prior	
(Circle number of prior Sanction(s):	r guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions)
(Circle number of prior	r guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions)
(Circle number of prior Sanction(s):	r guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions)
(Circle number of prior sanction(s):	ngs: Afendu III Window IPS State Ment Of Other August 100 Countries of the Countries of th
(Circle number of prior sanction(s):	r guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions)
(Circle number of prior sanction(s):	ngs: Afendu III Window IPS State Ment Of Other August 100 Countries of the Countries of th
Circle number of prior Sanction(s):	ngs: Cell Window IPS Hate Ment of Control o
Circle number of prior banction(s): Reason(s) for finding the control of the con	ngs: According to the decision within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions) The control of the prior guilty decisions of the Disciplinary Hearings Officer to the Warden. In order to file submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
Reason(s) for finding the standard of the stan	ngs: Coll Window 1PS State Melot Coll College of the Warden. In order to file submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
Reason(s) for finding the control of	ngs: Cell Window 1PS Hardings Officer to the Warden. In order to file submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation tog; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
Reason(s) for finding and proport the finding to proportionate to control of the	ngs: Colling of the Disciplinary Hearings Officer within 15 days from today. APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to the rule violation(s).
Reason(s) for finding the continuous of prior sanction(s): Reason(s) for finding the continuous of th	I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to the rule violation(s).
Reason(s) for finding the control of	I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to the rule violation(s).

	RECEIV	ED BY
STATE OF MONTANA DEPARTMENT OF CORF		ASP 3.4.1
MSP MWP CONTRACT FACILITY:		2010
Dissiplinary Appeal	DISCIP	LINARY
Disciplinary Appeal (major infractions only)		
121116	2.1.20.11	
Inmate's Name: Whittond, Makullyapout &	3015941	
Date: 3 29/18 Infraction(s): 4213-Rot. and Order; 42	3015941 220-06str	UCTIN
Disciplinary Hearing Decision: 421.00 Line		
Inststructions: Document why one, two, or all the of the following apply and	submit it to the DH	O or DH
There was no evidence or documentation to support the decision.		-
2. Required disciplinary procedures were not followed. $\Lambda/2 + \lambda_2$	Are 06 74 6	-(, P.
materials to travers a delease. No lui	ident tour	acts
2. Required disciplinary procedures were not followed. No time to materials to repare a defense. No In.	1.0	04)
	The Thirty	THE LA
3. The sanction(s) is excessive.		
11-00/07 3 BOULD		
Inmate Signature 3 Bolt & Date		
Inmate Signature Date		
WARDEN OR DESIGNEES RESPONSE		
WARDEN OR DESIGNEES RESPONSE Warden or designee:	YES P	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding?	YES YES	NO NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: (Is there sufficient evidence and documentation to support the finding? (Is there substantial compliance with applicable disciplinary procedures?		-
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)?	YES 🖸	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision:	YES 🖸	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: The property of the propert	YES YES	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I disagree with the actions of the DHO and dismiss the infraction	YES YES P	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed shaped to the proposed of the DHO, but the sanction(s) imposed shaped to the proposed of the proposed shaped to the proposed of	YES YES P	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: The proposed proportion of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed shaped reduced to:	YES YES P	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed shaped to the proposed of the DHO, but the sanction(s) imposed shaped to the proposed of the proposed shaped to the proposed of	YES YES P	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed shall reduced to: reduced to: suspended for:	YES YES P	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: \[\text{Mfirm.} \] I uphold the decision of the DHO and the sanction(s) imposed. \[\text{Dismiss.} \] I disagree with the actions of the DHO and dismiss the infraction \[\text{Modify.} \] I uphold the decision of the DHO, but the sanction(s) imposed she \[\text{reduced to:} \] reduced to: \[\text{suspended for:} \]	YES YES P	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: Dismiss. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed shall reduced to: reduced to: suspended for:	YES YES P	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: \[\text{Mfirm.} \] I uphold the decision of the DHO and the sanction(s) imposed. \[\text{Dismiss.} \] I disagree with the actions of the DHO and dismiss the infraction \[\text{Modify.} \] I uphold the decision of the DHO, but the sanction(s) imposed she \[\text{reduced to:} \] reduced to: \[\text{suspended for:} \]	YES YES P	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: \[\text{Mfirm.} \] I uphold the decision of the DHO and the sanction(s) imposed. \[\text{Dismiss.} \] I disagree with the actions of the DHO and dismiss the infraction \[\text{Modify.} \] I uphold the decision of the DHO, but the sanction(s) imposed she \[\text{reduced to:} \] reduced to: \[\text{suspended for:} \]	YES YES P	NO [
WARDEN OR DESIGNEES RESPONSE Warden or designee: Is there sufficient evidence and documentation to support the finding? Is there substantial compliance with applicable disciplinary procedures? Is the sanction(s) imposed proportionate to the rule violation(s)? Decision: \[\text{Mfirm.} \] I uphold the decision of the DHO and the sanction(s) imposed. \[\text{Dismiss.} \] I disagree with the actions of the DHO and dismiss the infraction \[\text{Modify.} \] I uphold the decision of the DHO, but the sanction(s) imposed she \[\text{reduced to:} \] reduced to: \[\text{suspended for:} \]	YES YES P	NO [

				V)	LHU	150
			ARTMENT OF C	ORRECTIONS	S RECEIV	ED BY
		WP CONTE	REPORT / NOTION	CE OF HEARI	NG MAR 23	2018 3
	(Inf		mires on this form must be i		DISCIPL	NAPV
Inmate Name	1. Mil Ford					
- 1	Last name Time: 15		First Na	me	15 "	
Room/Cell: Infraction Number(Time: 15 Housing Unit (s) & Name(s) 422	E LHU-1	Job Assignm	ent: 99999 LSING	UNassign	red
Staff Witness: 1. 2.			Other Inmates inv	volved 1		
Description of Vio	lation: (who, what, wh	ny, where, when a	nd how):	The abou	re date	and
time inn	nate, Whit For	d came	into LHU-	1 LA-3		
Whit Ford			to be no is		tention	per
o Max cu	istody he	can reques	moves.	Whit Ford	d then:	Said
whit ford	wouldn't					seen
00 1	- water K.		es and the			the
toilet Fi	ashed all	the pape	down.	Inmate	Whitford	
13 trying 4	to manipulat	e housing	4			
					,	
REPORTING STA	FF MEMBER:	Daniel ha	niver	Sat	Spaniner	
Supervisor Review				~	(Sign Name)	
di	N ARE	(Print Nar	/		(Sign Name)	
Inmate Status: 70 Reason:	Tre-Hearing Conf	inement	Release to Previou	s Status	☐ Other	
, ,	for legibility, completeness	correctness of charge, and	to ensure all necessary in	formation is attached (evidence incident/witne	ess renorts
etc.)	11)	3,22		orniation is attached (evidence, incident/withe	ss reports,
(Shift Supervis		(Date		Warden or Designee Si	gnature)	(Date)
Hearing Date: Understand the char Waive my right to a	this yet and to been infor Time: ge(s)? Yes No (if no, thearing? Yes No (if yes	med of my right to attend hrs. Pla verbally oblain the cha have inmate sign an Ag	rge(s) to the inmate).	hearing.	est form	-
Other pertinent notat	ions:					
disciplinary operati	nd guilty, I will be subj onal procedure, I also t sestatements, and my r	inderstand that by	the sanctions as out refusing to sign I an	lined in the instit waiving my hea	tutional inmate oring, my right to	
G. Cally N	(Staff Signature)	526	010915 XU	nableto	Algne's Signature / ID#)	
			1//	ry L		
			1/	1		
			/			

Attachment B

MSP 3.4.1, Institutional Discipline

-	STATE OF MONTANA DEPARTMENT OF COKKECTIONS
	MSP MWP CONTRACT FACILITY:
	DISCIPLINARY HEARING DECISION
Inmate's Name	10111 To College College
Infraction Num	nber(s) & Name(s) 4236-Refusing Housing (Manipulat
-	STAND THE VIOLATION I DO NOT UNDERSTAND THE VOLATION - ADDITIONAL ACTION TAKEN
Continuance gr	ranted to Date: / By:
Reason:	
Plea: Guilty	y Not Guilty Other: .
Inmate's States IN THE INTERIOR OF THE INTER	St the disciplinary samphiet + 1 was 10 lso cell. I haven to had the chance to work you could be the chance to work you can be considered to the could be considered to the considered
Evidence Provid	ided: Infraction report
Findings: Evidence Relied	don: Infraction uport
E C D	n+ 2
	Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Signid Level to Use: Deprior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s):	1 days detention, SS 90 days
Reason(s) for fi	indings: A so Hendy duaged his toilet
M WI	attemp to man pulate housing.
ADMINISTRATIV	OS WILSON +2-18 GISCIPLINARY HEARINGS OFFICER/UNIT DISCIPLINARY TEAM
an appeal, I mu I DO WISH support the find not proportiona	hat I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file ast submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to ding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are attention to the rule violation(s). WISH TO APPEAL
Copies to: Recor Revised: December 20	

	DEALER	DV
	RECEIVED	BA
STATE OF MONTANA DEPARTMENT OF CORF	ECTIONS 0 2 M	SP 3.4.1 tachment J
MSP MWP CONTRACT FACILITY:	DISCIPLIN	ARY
Disciplinary Appeal		
(major infractions only)		
nmate's Name: Whitford, Makuelyapee ID # 3 Date: 3 29/18 Infraction(s): 4236 Nahly . House Disciplinary Hearing Decision: 1236 Nahly . House Institute of the following apply and	days	O or DHI
. There was no evidence or documentation to support the decision.	A VERBINIER	
		2 6
Required disciplinary procedures were not followed. No time to materials to prepare a defense. No luc ess to MSP/ADC policies. The sanction(s) is excessive.		
My D W 3 130/18		
Inmate Signature WARDEN OR DESIGNEES RESPONSE		
WARDEN OR DESIGNEES RESPONSE Warden or designee:	VES []	NO F
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding?	YES VES	NO NO
WARDEN OR DESIGNEES RESPONSE Warden or designee:		-
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)?	YES 🕡	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)? ecision:	YES 🕡	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)?	YES YES	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)? ecision: Affirm. I uphold the decision of the DHO and the sanction(s) imposed.	YES YES	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)? ecision: Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed she reduced to:	YES YES	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)? ecision: Therefore, I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed shaped to the proposed of the DHO, but the sanction(s) imposed shaped to the proposed of the proposed shaped to the proposed of the prop	YES YES	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)? ecision: Affirm. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed shall reduced to: reduced to: suspended for:	YES YES	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)? Affirm. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed she reduced to: suspended for:	YES YES TO YES T	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)? ecision: Affirm. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed shall reduced to: suspended for: Vritten justification for the action taken above:	YES YES	NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)? Affirm. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed she reduced to: suspended for:	YES THE YES TH	NO NO
WARDEN OR DESIGNEES RESPONSE Warden or designee: there sufficient evidence and documentation to support the finding? there substantial compliance with applicable disciplinary procedures? the sanction(s) imposed proportionate to the rule violation(s)? Affirm. I uphold the decision of the DHO and the sanction(s) imposed. Dismiss. I disagree with the actions of the DHO and dismiss the infraction Modify. I uphold the decision of the DHO, but the sanction(s) imposed she reduced to: suspended for:	YES THE YES TH	NO

EXHIBIT D EXHIBIT D

Whitford	Makueeyapee	The state of the s	3/22/18
LAST NAME	FIRST NAME	MIDDLE NAME TIME:	1730
FROM UNIT	AND ASSIGNMENT:	TO UNIT AND ASSIGNMENT:	CODE:
MSP:		MSP:	DOC
☑ Unit	LHU-1 DETENTION	☑ Unit LHU-1 BMP	
Assignment	99999 - UNASSIGNED	Assignment 99999 - UNASSIGNED	☐ MWP
MWP:		☐ MWP:	
Pod	Cell Bed	Pod Cell Bed	RPC
Regional F	Prison:	Regional Prison:	☐ CD**
Pod	100	☐ Pod	
MASC		Пиисо	
☐ Hospital			HOLD
	ease	☐ Conditional	
-			CUSTODY
MSH-WS	V	☐ MSH-WS	☐ MIN 2
		☐ Pre-	
Pre-Relea	se	Release	
¬		Пип	MED 2
ISP	reines Diversion Diment	ISP Diversion Direct	MED 1
	rainee Diversion Direct	☐ TSCTC-Trainee ☐ Diversion ☐ Direct	CLOSE
Treatment	t Programs	☐ Treatment Programs	⊠ MAX
Transfer		Transfer	☐ AD SEC
_ Escape _	Apprehended State:	☐ Escape ☐ Apprehended State:	REST
☐ Parole Vio	olator	Release	AD SEG
Probation	Violator		
START C	enter	☐ START Center	
☐ In Transit		☐ In Transit	
☐ New Inma	ite	REC	Or.
10-Day Fu	ırlough	☐ 10-Day Furlough	DEIVED
¬			
Other _		Other Classifican	2018
	ne Infirmary and Mental Health who	le (If No. attach Special Meads Treatment Plant)	//-
nealth 56	rvices clearance Yes N	Other en PHC , DD or CD lo (If No, attach Special Needs Treatment Plan)Office	acement
COMMENTS	:		
Placed BMP	step1 , attempted hang himself.		
STAFF MEM SIGNATURE	BER'S NAME / Dan	iel Ramirez / Sgt. Ramirez	
		Placement/Movement Office when a move is made. All A	DR's are filled or
		hold & Infirmary, which will be filled out by the recei	

PLEASE PRINT FULL NAME:		
Whitford Makueeyapee	ID 3015941 DATE:	3/22/18
LAST NAME FIRST NAME	MIDDLE NAME TIME:	1450
FROM UNIT AND ASSIGNMENT:	TO UNIT AND ASSIGNMENT:	CODE:
MSP:	⊠ MSP:	DOC
☑ Unit LHU-2 Det	☑ Unit LHU-1 DET	
Assignment	Assignment	_ MWP
☐ MWP:	☐ MWP:	
Pod Cell Bed	Pod Cell Bed	RPC
Regional Prison:	Regional Prison:	CD**
Pod	Pod	⊠ DD**
☐ MASC	☐ MASC	
☐ Hospital	☐ Hospital	HOLD
Cond. Release	☐ Conditional Release	
OLTC	OLTC	CUSTODY:
☐ MSH-WS	☐ MSH-WS	☐ MIN 2
□ Pro Polesco	□ Pre-	☐ MIN 1
☐ Pre-Release	Release	☐ MED 2
□ISP		☐ MED 2
☐ TSCTC-Trainee ☐ Probation	☐ TSCTC-Trainee ☐ Probation	CLOSE
Treatment Programs	☐ Treatment Programs	⊠ MAX
Transfer	☐ Transfer	☐ AD SEG
☐ Escape ☐ Apprehended State:	☐ Escape ☐ Apprehended State:	
☐ Parole Violator	Release	☐ REST AD SEG
Probation Violator	A.	
START Center	☐ START Center	C/I
☐ In Transit	☐ START Center ☐ In Transit Classification	VED
☐ New Inmate	assific. 28	
10-Day Furlough	10-Day Furlough	18
	Tico Pace	
Other	Other	CAT
**Notify the Infirmary and Mental Health whe	o (If No, attach Special Needs Treatment Plan)	
COMMENTS:	, , , , , , , , , , , , , , , , , , , ,	
Move from LHU-2 LHU-2		
STAFF MEMBER'S NAME / SIGNATURE: Gred	g Budd /	
	lacement/Movement Office when a move is made. All AL)R's are filled out
	hold & Infirmary, which will be filled out by the receiv	
그런 지역에 있어요요. 이 경기 내가 있다면 하면 하면 하는데 하면 하면 되었다. 그런 이 없는데 없다.	e Job assignment number and including title.	REV. 1/12

EXHIBIT D EXHIBIT D

PLEASE PR	INT FULL NAME:				
Whitford	Makueey	-	ID 3015941	DATE: _3/22	/08
LAST NAME	FIRST NAM	ME MIDDLE NAME		TIME:	
FROM UNIT	AND ASSIGNMENT:	TO UNIT AND ASS	IGNMENT:		CODE:
MSP:		MSP:			DOC
□ Unit	LHU-2 PHC-DD	☑ Unit LHU-	1 PHC-DD		MSP
Assignment		Assignment			MWP
☐ MWP:		☐ MWP:			
Pod	Cell Be	d Pod	Cell B	ed	RPC
☐ Regional I	Prison:	Regional Prison:			CD**
☐ Pod		Pod			DD**
MASC					
☐ Hospital		C Hamital			HOLD
		☐ Conditional			
	ease		-		
					JSTODY:
☐ MSH-WS		☐ MSH-WS ☐ Pre-			MIN 2
☐ Pre-Relea	se		Inmate Worker		MIN 1
					MED 2
☐ ISP		□ISP			MED 1
☐ TSCTC-T	rainee Probation	☐ TSCTC-Trainee	☐ Probation		CLOSE
☐ Treatmen	t Programs	☐ Treatment Progra	ams		MAX
Transfer		Transfer			AD SEG
☐ Escape ☐	Apprehended State:	☐ Escape ☐ Appre	ehended State:		
☐ Parole Vic	plator	Release			REST AD SEG
☐ Probation	Violator				
☐ START C	enter	START Center			
☐ In Transit		☐ In Transit		A.	
☐ New Inma	ite			ECEN	
☐ 10-Day Fu	ırlough	☐ 10-Day Furlough	C/a.	MAR 28 2018	
□ Other			SSIFICA	29	
Other	o Infirmany and Mantal Has	Other DD or CD	90	one Ole	
	ne Infirmary and Mental Hear	alth when PHC , DD or CD s	leeds Treatment Plan	Tice Places	
		I 140 (ii 140, attaoil opecial iv	Toda Healthellt Plat	MAR 28 2010 Since Placement	
COMMENTS	THE REST OF THE PARTY OF THE PARTY.				
with UM Bud	ld (LHU1), it was determine	to LHU2 for Section G. Upon on the Upon of that he needed to continue had returned to LHU1 3-22-18.			
	BER'S NAME /				
SIGNATURE		Carla Strutzel	_ /		-
by the sendir	ng unit with the exception o	to the Placement/Movement Office of a jail hold & Infirmary, which gunit and job assignment numbe	will be filled out by		
	DRDS – WHITE	MINI FILE - CANARY	and moldding tide.		REV. 1/12

				1 (11)
e	STATE OF MONTAN	NA DEPARTME	NT OF CORRECTION	VI, UC
	MSP MWP			
	DISCIPLINARY INFRA			RECEIVED BY
	(Information and	d staff signatures on this	form must be legible)	MAR 20 2018 -
	MAJO		MINOR [MAN 20 2010
mate Name:	Whit Ford Last name		Mallu ee yapee First Name	9D#30/594/
ate: 3-10 16	Time: PSE	Place of Incident	I Had Will to	0
nom/Cell: 1.1.5	Time: 0850 Housing Unit: 1441	_ Interest.	Assignment Gul-	Leber Deal
fraction Number(s) & Name(s) 4220 - 0656	ucting hinder	16. ON TMANdine 5	taff
		71	11	
toff Witness 1		Other I	nmatas involvad 1	
iaii williess. 1.		Other is	imates involved 1.	
2			2	
escription of Viol	ation: (who, what, why, where	e. when and how)	on the chave	date 2 time
the 16	ation. (who, what, why, where	L. A fac 1	the design	have a cime
- The /vorm	al operations of Lt	tu'I were ha	ulted due to 1	mmute whit Ford,
a L'ace ya Per	al operations of LA # 30/594/ taking	the Visite	nc 1200m Hostac	r. E -
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				- 1
EPORTING STA	EE MEMBED.	(Print Name)	Gas	1.01
EFORTING STA	FF MEMBER. SEC. WE	(Print Nama)	200	· my
upervisor Review:		(Print Name)		(Sign Name)
apervisor review.	-	(Print Name)		(Sign Name)
mate Status:	☐ Pre-Hearing Confinement	Release	to Previous Status	Other
	ly on a Sect. G	A Troited	io i io iio do Status	
done Correct	ig on a sect. G			
	for legibility, completeness, correctness of	f charge, and to ensure al	necessary information is attached	l (evidence, incident/witness reports,
21 - 120		2 10 2010		
SG (Shift Supervisor	or's Signature)	3/19/2018 _	(Warden or Designee	Signature) (Date)
(Simi Superviso		HEARING/PREHEA		Signature) (Date)
ave received a conv of the	his notice and have been informed of my ri			
1. Hearing Date:	123/18 Time: 10/6	hrs. Place	evidence at a nearing.	
	ge(s)? Yes No (if no, verbally exp			
	hearing? Yes No (if yes, have inmat			
 Present evidence and Other pertinent notati 	witnesses on my behalf. Yes No If	inmate has witnesses, hav	e him/her complete a Witness Rec	quest form
understand, if four	nd guilty, I will be subject to imp	osition of the sanct	ions as outlined in the inst	titutional inmate
	onal procedure. I also understan		o sign I am waiving my h	earing, my right to
tnesses and witnes	ss statements, and my right to an	appeal.		
St. Java	5	3-20-19(133	O PiD NOT Si	EN
	(Staff Signature)	(Date & Time)	(Inm	ate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR ♥ MINOR □
Inmate's Name: WHITFORD M. ID#3015941Date: 3-22-18 Infraction Number(s) & Name(s) 4220-035-720071NG
Intraction Number(s) & Name(s) A 2 20 - 035 TRUCTING I DO UNDERSTAND THE VIOLATION I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date:// By:
Reason:
Plea: Guilty Not Guilty Other: Inmate's Statement: LUNSN'T GIVEN TREPORTS, (DIDN'T GET THE WITNESS STATEMENTS), BUT (DID EXACTLY WHAT IT SAYS
Inmate's Statement: LUMSN'T GIVEN DEPORTS, (DIDN'T GET THE
WITNESS STATEMENTS, BUT I DED EXACTLY WHAT IT SAYS
IN THE INFRACTION REPORT
Evidence Provided: JUFRACTION REPORTS, STAFF STATEMENTS
Findings: Guilty of # 4220
Evidence Relied On: WASTE +DON'TS GUILT
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 4220 - 825 Fire F
TWO DES FINE
Reason(s) for findings:
IMPEDING UNIT OPERATIONS CREATES + SECURITY RISK.
e. oranico a secondigia de la constigia de la constitució de
310
homas with 3/26/18 10) evolated
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OF DEEP / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
I DO NOT WISH TO APPEAL /
Inmate's Signature / ID#:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod) Revised: December 2014

		MONTANA DEPARTM			RECEIV	ED BY
•	MSP MW	VP CONTRACT FAC	ILITY:		APR 0	
	1	Disciplinary	Anneal			
		(major infraction	ns only)		DISCIP	LINARY
Inmate's Name:	10 2410	4270 - 035-12	ID#	30159	41	
Date: 3 22/	Infraction(s):	4220 - 035-12	UCTING			
						DIII
Instructions: De	ocument why one,	two, or all three of the f	ollowing apply a	nd submit it	to the DHO	or DHI.
1. There was no	evidence or docum	nentation to support the	decision.			
		0.5				
2 P ' 1 I'	. 1: 1		7	- \/\	TI	- 1
2. Required disc	iplinary procedure	es were not followed.	me 10 roc	257 VUZ	slation	S. NO
prefere	a deteus	e not occus	5 to ma	terials	necess	217
ILTE OR	detense	Vaincident	Lobertz-	NO ACC	155 to	us 1
3. The sanction(s) is excessive.					
		-11			1	
()	- DI	6-11	3 /30/ 18 Date	Just	ast ost	af 13
	In nate Signature		Date	1516.	11 2005	Fast
	infliate Signature			1)00	1	
	1	WADDEN OD DESICN	FEC DECDONCE			
Warden or design	(WARDEN OR DESIGN	EES RESPONSE	370		
Warden or desig	nee:		EES RESPONSE	, ,,,	YES 🖳	NO 🗌
Is there sufficien	nee:	cumentation to support t	he finding?	, ,,,	YES YES	NO NO
Is there sufficient Is there substanti	nee: it evidence and docial compliance with	cumentation to support the applicable disciplinary	he finding? procedures?	, , , , ,		
Is there sufficient Is there substanti	nee: it evidence and docial compliance with	cumentation to support t	he finding? procedures?	, , , , ,	YES	NO 🗌
Is there sufficient Is there substantials the sanction(s) Decision:	nee: it evidence and doc ial compliance with imposed proportion	cumentation to support the applicable disciplinary onate to the rule violation	he finding? procedures? on(s)?		YES	NO 🗌
Is there sufficient Is there substant Is the sanction(s) Decision: Affirm. I	nee: It evidence and docial compliance with imposed proportion	cumentation to support the applicable disciplinary onate to the rule violation of the DHO and the se	he finding? procedures? on(s)? manction(s) impose	ed.	YES	NO 🗌
Is there sufficient Is there substantial Is the sanction(s) Decision: Affirm. I Dismiss.	nee: It evidence and doc ial compliance with imposed proportion uphold the decision I disagree with the	cumentation to support the applicable disciplinary onate to the rule violation of the DHO and the salactions of the DHO and	he finding? procedures? on(s)? anction(s) imposed dismiss the infra	ed.	YES YES	NO NO
Is there sufficient Is there substant Is the sanction(s) Decision: Dismiss. Modify. I	nee: It evidence and doc ial compliance with imposed proportion uphold the decision I disagree with the uphold the decision	cumentation to support the applicable disciplinary onate to the rule violation of the DHO and the salactions of the DHO and on of the DHO, but the salactions of the DHO, but the salactio	he finding? procedures? on(s)? anction(s) imposed dismiss the infra	ed.	YES YES	NO NO
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Revised: December 2014

Copies to: Records (White) Parole Board-Majors only (Yellow)

Housing Unit (Pink) Inmate (Goldenrod)



7	STATE OF M	ONITANIA DEDAD		6	42,0
4		UNIANA DEPAR	TMENT OF CORREC	TIONS	a
		WP CONTRAC		1 DEC	EIVED DV
	DISCIPLINARY	INFRACTION RE	PORT / NOTICE OF H		LIVED BY
	(Info	The state of the s	on this form must be legible) MINOR	MAR	20 2018 —
Inmate Name:	WhitFord		Malcheeya	pee Bsc	3015941
Date: 3-19-18	Last name	Place of Inci	First Name ident: 444 vis	it Draw	
Room/Cell: LAR	Housing Unit:	Lyn I	Job Assignment: 600	1-LEGON DOUL	
Infraction Number(s) &	Name(s) 4212-	Tempering with,	Job Assignment: 60	•	
	4235-	Threatening stat	t		
Staff Witness: 1.		O	ther Inmates involved 1.		
2.			ther Inmates involved 1. 2.		
D CVII V.					
Description of Violation	(who, what, wh	y, where, when and	how): on the ab	ove date +	time,
hile wait to	Makueeyat	Dec # 3013141	was In mis 1	learny hes	-
earney was ended	que to him a	raning with th	he newings office	Atter the	5
nit Food became	very aggresi	re and Started	Kicking the Visi	ting room &	stating
come su here an	d get Me 1311	tch." He then	emored his leg	Straps and	Continued
o get Kick his	door. He the	n Stated " I'm	n going to Staby	on tuckers	In the
ecik First Chance	I get He con	ntinued to Kic	10 the Land T + C.		
			" UTE DUOT I UNE	of Gave nin	n may tipa
West produce to et	of Kicking	the door He s	tated table Vow	direct mode	n multipa
here it is von	of Kicking	the door He s	tated take you	direct order	is and
Hect orders to st. hore it up you	A ASSI'T th	the door He seen Called Con	tated talle your mand Post and	direct order	n multipa is and nt to
there it up you Hul, After Sere	of Kicking 1 ASS,1' This ral direct or	the door He s en Called Com ders by IPS I	tated take your mand Post and Community whit Ford Community	direct order tPS was ge mplied and u	n multipa is and nt to as
hore it up you Hul, After Sere Scorted to LHUI	of Kicking 1 ASSI'T the ral direct ori 1 and Places	the door He seen Called Com ders by IPS to don A Section	how): ON the ab was IN his h he hearings office Kicking the Vision emored his leg M going to Stab y Ic the door, I the tated take you mand Post and moste whit Ford Con M G. FO [2]	the gave nip a direct order the was se mplied and n	n multipa is and nt to as
hore it up you Hul. After Sere Scoted to LHul	of Licking 1 ASS,1' I the ral direct or, 1 and Place	the door He so en Called Com ders by IPS to don A Section	tated take your mand Post and mute whitford com	direct order 1 PS was Ge mplied and u	n multipa is and nt to as
70-10-0 -04-5	y to the	TOTAL SCOTO	tated table your mand Post and muste whitford Co.	tps was se	n multipa is and nt to as
70-10-0-04-5	y to the	TOTAL SCOTO	tated take your mand Post and commute whit Ford Commute of FOR	the direct order TPS was see mplied and in	n multiple is and nt to as
REPORTING STAFF	y to the	TOTAL SCOTO	tated take your mand Post and mute whit Ford Co.	A direct order TPS was ge mplied and u (Sign Name)	n multiple is and not to as
REPORTING STAFF	y to the	TOTAL SCOTO	tated table your mand Post and muste whit Ford Co.	(Sign Name)	n multiple is and nt to
REPORTING STAFF N	MEMBER: Sy	t. Weber (Print Name)		(Sign Name)	7
REPORTING STAFF N Supervisor Review:	MEMBER: 3	t. Weber (Print Name)	tated take You mand Post and muste whit Ford Con Post and	(Sign Name)	7
REPORTING STAFF No Supervisor Review: nmate Status:	MEMBER: 39 Pre-Hearing Confin	(Print Name) (Print Name) nement Rel	lease to Previous Status	(Sign Name) (Sign Name)	nt/witness reports,
REPORTING STAFF Manual Status: Reason: Security have reviewed this report for less.	MEMBER: Sy Pre-Hearing Confinence Confinenc	(Print Name) (Print Name) nement Rel	lease to Previous Status	(Sign Name) (Sign Name) Other	nt/witness reports,
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REPORTING STAFF Manager Status: Reason: Security have reviewed this report for lete.) (Shift Supervisor's Sinhave received a copy of this no 1. Hearing Date: 3 / 23 2. I understand the charge(s)? 3. I waive my right to a hearing of the supervisor's Sinhave received a copy of this no 1. Hearing Date: 3 / 23 2. I understand the charge(s)?	Pre-Hearing Confine Live Confine Confine Live Confine Co	(Print Name)	lease to Previous Status (Water or De EHEARING ACTION present evidence at a hearing. to the inmate). ent/Waiver/Refusal form)	(Sign Name) (Sign Name) Other thacked (evidence, incidence)	nt/witness reports,
REPORTING STAFF No Supervisor Review: Inmate Status: Reason: Security have reviewed this report for letter (Shift Supervisor's Since the Company of the Supervisor's Since the Su	Pre-Hearing Confine Live Confine Confine Live Confine Co	(Print Name)	lease to Previous Status Wastern or De EHEARING ACTION present evidence at a hearing. HULL to the immate).	(Sign Name) (Sign Name) Other thacked (evidence, incidence)	nt/witness reports,
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REPORTING STAFF N Supervisor Review: Inmate Status: Reason: Security I have reviewed this report for legic.) (Shift Supervisor's Si I have received a copy of this no 1. Hearing Date: 3 / 23 2. I understand the charge(s)? 3. I waive my right to a hearin 4. Present evidence and witne 5. Other pertinent notations: understand, if found gu	Pre-Hearing Confine Ligibility, completeness, confine Lice and have been informative and have been informative. Yes No (if no, vog? Yes No (if yes, lasses on my behalf Yes, lasses on my behal	(Print Name) (P	lease to Previous Status B Water or De EHEARING ACTION oresent evidence at a hearing. Hutton to the immate). ent/Waiver/Refusal form) ses, have him/her complete a Witnessanctions as outlined in the	(Sign Name) (Sign Name) Other Uttached (evidence, incidence) essignee Signature)	nt/witness reports, (Date)
REPORTING STAFF No Supervisor Review: Inmate Status: Reason: Control Reason:	Pre-Hearing Confine Hare Completeness, confine Present Completeness, confine Present Completeness, confine Present Confine Pre	(Print Name) (P	lease to Previous Status (Wastern or De EHEARING ACTION present evidence at a hearing. HU2 to the immate). ent/Waiver/Refusal form) ses, have him/her complete a Witneyer.	(Sign Name) (Sign Name) (Other distached (evidence, incidence) essignee Signature) ess Request form the institutional inmany hearing, my rig	nt/witness reports, (Date) ate ht to
REPORTING STAFF No Supervisor Review: Inmate Status: Reason: Reason: Chave reviewed this report for legical (Shift Supervisor's Signature of the State of Shift Supervisor's Signature of Shift	Pre-Hearing Confine Hare Completeness, confine Present Completeness, confine Present Completeness, confine Present Confine Pre	(Print Name) (P	lease to Previous Status (Wagen or De EHEARING ACTION bresent evidence at a hearing. It to the inmate). Introduction of the inmate of the i	(Sign Name) (Sign Name) (Other distached (evidence, incidence) essignee Signature) ess Request form the institutional inmany hearing, my rig	nt/witness reports, (Date)
REPORTING STAFF M Supervisor Review: Immate Status: Reason: Reason: Security have reviewed this report for lease. (Shift Supervisor's Signature of the supe	Pre-Hearing Confine Hare Completeness, confine Present Completeness, confine Present Completeness, confine Present Confine Pre	(Print Name) (P	dease to Previous Status Wagen or De EHEARING ACTION THE CHARTING ACT	(Sign Name) (Sign Name) (Other distached (evidence, incidence) essignee Signature) ess Request form the institutional inmany hearing, my rig	nt/witness reports, (Date) ate ht to

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF COMMSP MSP CONTRACT FACILITY:	ORKECTIONS
DISCIPLINARY HEARING DE	CISION
MAJOR 🗶 MINOR	П
	301594 Date: 3-22-18
	COCKING DEVICE 4235-THREATEN
☑ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE V	IOLATION – ADDITIONAL ACTION TAKEN
Continuance granted to Date: / / By:	
Reason:	
Inmate's Statement:	or tell them I
WAS GOING TO STAB ALM ON ANY BOX	LAG Sho"out DAY
somEBODY IS GOING TO STICK ONE O	E you Guys." 100
KICE THE GOOD & GET INTO AN AS	Econent. My DUE
WAS GOING TO GTAB ATEM OR ANY BOX SOMEBODY IS GOING TO STICK ONE O KICK THE DOOR & GET INTO AN AS PROJESS HAVE BEEN HOVE VIOLATED	
Evidence Provided: INFTACTION REPORT, STAFF	STATEMENTS
- Constant	
Findings: AGuilty of # 4212, 4235 Not Guilty	y of #
Findings: AGuilty of # 4212, 4235 Not Guilty Evidence Relied On: INTRACTION REPORTS, STAFF	STATEMENTS
	3
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid lev	
Sanction(s): 4212-AGGILECATED W/4235	
4235 - DEVOKE 20 DAYS E	retention
	1
Reason(s) for findings:	TIONS CHUSED A SETRIOUS
PLAR CEMA, THE SHIT IN HOTTENS EST	ATREATS ARE
UNACCEPTABLE.	
	Q ()
Monas MXxx 3/26/18	5 / 4 30
	EARINGS OFFICER INIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings O	
an appeal, I must submit a completed appeal form to the Disciplinary Hear DO WISH TO APPEAL (Major decisions only) because (1) there is insu	
support the finding; (2) applicable disciplinary procedures were not follow	
not proportionate to the rule violation(s).	The state of the s
I DO NOT WISH TO APPEAL	
Inmate's Signature / ID#:	
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing	ng Unit (Pink) Inmate (Goldenrod)

Revised: December 2014

	MSP MWP	CONTRACT FACILITY:		R	ECEIVED
	(APR 0 2 20
	1	(major infractions only)	1		SCIPLIN
Inmate's Name:	(0) HITERS		m# 3	15021) SCIPLIN
	Infraction(s): 420		ID# 8	13 रस्	-
Disciplinary Heari	ing Decision:	212\$ 4235 -12	EFFORE 25	2 PAGS	DET
		or all three of the following	7.7	it to the DHO	or DHI.
1. There was no e	vidence or documentat	on to support the decision.			
2. Required discip	olinary procedures were	e not followed. Due A	rocess Visl	ations.	Notin
euse No	backaround	nor access to	larte Na	Accore of	1 dec
3. The sanction(s)	110000		17. 120	100017	7
3. The sanction(s)	is excessive.				
.)	NIL		1 1	1	10 -
127	Nha	3 /3	0/18 Just	got	13/
11	Inmate Signature	Da			ust q
			DONGE MAL	Stuff	
Warden or designe		DEN OR DESIGNEES RES	TORSE	3, -11	
	ee:			YES 🖸	NO 🗌
Is there sufficient e	e: evidence and documen	tation to support the finding icable disciplinary procedu	g?	YES YES	NO NO
Is there sufficient of Is there substantial	ee: evidence and document compliance with appli	tation to support the finding	g?	YES 🗗	
Is there sufficient of Is there substantial Is the sanction(s) in	ee: evidence and document compliance with appli	tation to support the finding icable disciplinary procedu	g?	YES YES	NO 🗌
Is there sufficient of Is there substantial Is the sanction(s) in Decision:	ee: evidence and document compliance with appliance mposed proportionate phold the decision of the	tation to support the finding icable disciplinary procedu to the rule violation(s)?	g? res?	YES YES	NO 🗌
Is there sufficient of Is there substantial Is the sanction(s) in Decision: Decision: Dismiss. I decision.	ee: evidence and documen l compliance with appli mposed proportionate phold the decision of the lisagree with the action	tation to support the finding icable disciplinary procedu to the rule violation(s)? The DHO and the sanction(s) is of the DHO and dismiss	g? res? imposed. the infraction.	YES YES YES	NO NO
Is there sufficient of Is there substantial Is the sanction(s) in Decision: Decision: Dismiss. I decision. I up Modify. I up	ee: evidence and document l compliance with appli mposed proportionate phold the decision of the disagree with the action phold the decision of the	tation to support the finding icable disciplinary procedu to the rule violation(s)?	g? res? imposed. the infraction.	YES YES YES	NO NO
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EXHIBIT D EXHIBIT D

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į. į		, MS	SP Incident Repor	t for BMP Act	ivation	1	
1.	Inmate:	Whitford, M	akueeyapee	3015941	-	Max	<u> </u>
		Name		AO/II) number	Classif	lication
2. ,	Location:	⊠LHU1	CellBlock-LA2	☐ Cl	ose Unit III	cellblock_	: ;
3.	Is this inma Start date: _		nt BMP clearance list?	YES NO End Date:	X	.4	•
	If not on B	MP clearance	list initiate a <u>section (</u>	<u>7.</u>			
4.	Date and tin	me of incident:	3/19/18 @0850	t		*	
5.	Nature of in ☐ Inmate-or	ncident: n-inmate assault	☐ Inmate-on-staff	assault	oding cell . [Self-harm beh	navior
		on of state property om	Other Threating	g Staff, Tampering wi	th a locking dev	rice, Refusing to	ome out of
	hearings of kick the vis called and l made sever	ficer suddenly e iting room doo IPS was sent to al threats to sta	on the above date and the condensity of the cond	inmate Whitford to and get me bite visiting room. We want sticking them	ook off his le h." At this tim hile waiting f in the neck. I	g straps and st ne Command I for IPS inmate He continued to	arted to Post was Whitford
	goor and ov	o distuptivo unt	ii ii b wiii yog wiig wiic		III to Direct.	Box	
						•	
					•		
6.	If use of for	ce required? rce was require refer to Use of	=		alculated?		
7.	Name of th SSG. Hansen		st staff member who	was contacted reg			
8.	Placement:	Remain in cur	rent cell Pre-	hearing Confinement	pending further	review Isolati	on cell
9.	Did the Shi	ft Commander	notify the Warden or	Duty Officer?	YES 🖂	NO 🗌	·
		Ut. Co	eles			3-19-19	

PLEASE PRINT FUL	•	*			
Whitford	Makueeyapee	MIDDLE NAME	_ ID <u>3015941</u>		3/19/18
LAST NAME '	FIRST NAME	MIDDLE NAME		TIME:	850
FROM UNIT AND AS	SSIGNMENT:	TO UNIT AND ASSI	GNMENT:		CODE:
MSP:		⊠ MSP:	· · · · · · · · · · · · · · · · · · ·		
	PHC-DD	_ 🛛 Unit <u>LHU-</u>	2 PHC-DD	· · · · · · · · · · · · · · · · · · ·	🛛 MSP
Assignment	·	_ Assignmen <u>t Secti</u>	on G	,	ММЬ
☐ MWP:	•	☐ MWP:	,	• •	
☐ Pod	Cell Bed	_ Pod	Cell Be	<u>d</u> .	DRPC
Regional Prison:		Regional Prison:			CD**
☐ Pod	· 	Dod	·		DD**
☐ MASC		_ 🗌 MASC 🔝		Ţ	•
☐ Hospital		_	<u> </u>		— ∐ HOLD
☐ Cond. Release _	· • • • • • • • • • • • • • • • • • • •	Conditional Relea	ase		
OLTC		_	·		CUSTODY:
☐ MSH-WS	76	☐ MSH-WS	,		. MIN 2
☐ Pre-Release	•	☐ Pre-Release ☐	Inmate Worker		☐ MIN 1
	1	<u> </u>			MED,2
☐ ISP		_ 🗌 ISP	· · · · · · · · · · · · · · · · · · ·		MED 1
☐ TSCTC-Trainee ☐	☐ Probation	TSCTC-Trainee	☐ Probation		CLOSE
☐ Treatment Program	ms	☐ Treatment Progra	ams .		⊠ MAX
☐ Transfer	·	Transfer	•	,*	☐ AD SEG
☐ Escape ☐ Appre	hended State:	☐ Escape ☐ Appre	ehended State:	1	
☐ Parole Violator		Release			AD SEG
☐ Probation Violator			,		
START Center	•	☐ START Center	•	,	
☐ In Transit	,	☐ In Transit			
☐ 10-Day Furlough		_ 10-Day Furlough			
Other			·		
•	nary and Mental Health when				1
Health Services o	clearance Yes No	(If No, attach <i>Special No</i>	eeds Treatment Plan)		, .
COMMENTS:		·	ť .		
Threating staff, tamp	pering with a locking device,	refusing direct orders	•		•
•		•	• •	•	·
, , , , , , , , , , , , , , , , , , ,	<u> </u>	*		-	
	NAME / SIGNATURĘ: <u>Sgt. W</u>		<u> </u>	, .	<u> </u>
the sending unit with	II ADR's are turned into the Place the the exception of a jail hold & the housing unit and job assignments.	k Infirmary, which will	be filled out by the re	le. All ADR eceiving u	's are filled out by mit. Information
•	/HITE MINI FILE —	•	,	*	REV. 1/12



Statement of Incident

Title: Whitford, Makueeyapee	Statement #	959
Incident Date: 03/19/2018 Incident Time: 09:00 AM	Statement Date	: 03/19/201
Jurisdiction: Montana State Prison		
ncident Scene		
ncident Occurred at Facility? Yes		
Location: Montana State Prison/Maximum Security/Visiting Room	m	
Summary of Incident		
On the above date at the approximate time, I, DHO K. Ivie, was in disciplinary hearings. Inmate Whitford was brought into the visiting him questions to start the hearing, he became argumentative and argue with him and if he insisted on doing that the hearing would by visiting room and advised the Correctional Officers he could go ba	g room without incident. When I be combative. I advised him I would be over. He continued his rant, so	egan asking not sit and
While I was talking with the officers, Inmate Whitford began yelling visiting room to gather my paperwork and saw Inmate Whitford kid Inmate Whitford then began to kick the door of the visiting room are statements to staff. Unit Sergeant Weber called for IPS to come us Whitford so as not to inflame the situation. The IPS team did compremoved him from LHU1.	k off his velcro ankle restraints. And continued to yell and holler three p and I remained out of the view of	at this point, eatening of Inmate
nvolved Persons		
Category Person Narrative		
Staff Ivie, Karla Hearing Officer	holding disciplinary hearings	
Offender Whitford, Makueeyapee - Inmate causing 3015941		
Offender Whitford, Makueeyapee - Inmate causing 3015941 ource and Documentation	disturbance	
Offender Whitford, Makueeyapee - Inmate causing 3015941 ource and Documentation Confidential Informant: No	disturbance	
Offender Whitford, Makueeyapee - Inmate causing 3015941 Source and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla	disturbance	
Offender Whitford, Makueeyapee - Inmate causing 3015941 Ource and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla Reporting Staff: Ivie, Karla	g disturbance	
Offender Whitford, Makueeyapee - Inmate causing 3015941 Source and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla Reporting Staff: Ivie, Karla Signature: Karla	disturbance Title: Hearings Officer	
Offender Whitford, Makueeyapee - Inmate causing 3015941 Ource and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla Reporting Staff: Ivie, Karla Signature: Karla Otes Bullu Hull	disturbance Title: Hearings Officer	
Offender Whitford, Makueeyapee - Inmate causing 3015941 Source and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla Reporting Staff: Ivie, Karla Signature: Karla Hotes Bullut full No Notes are associated with this Incident Statement	Title: Hearings Officer Date: 3-19-18	
Offender Whitford, Makueeyapee - Inmate causing 3015941 Source and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla Reporting Staff: Ivie, Karla	Title: Hearings Officer Date: 3-19-18	Pack
Offender Whitford, Makueeyapee - Inmate causing 3015941 Source and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla Reporting Staff: Ivie, Karla Signature: Karla No Notes are associated with this Incident Statement IOTE: Supervisors must review all reports for accuracy	Title: Hearings Officer Date: 3-19-18 before signing off Attacher to	Pack
Offender Whitford, Makueeyapee - Inmate causing 3015941 ource and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla Reporting Staff: Ivie, Karla Signature: Karla Signature: Karla No Notes are associated with this Incident Statement OTE: Supervisors must review all reports for accuracy Supervisor Review and Remarks: Review 1000	Title: Hearings Officer Date: 3-19-18 before signing off Attacher to	Pack
Offender Whitford, Makueeyapee - Inmate causing 3015941 ource and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla Reporting Staff: Ivie, Karla Signature: Karla Signature: Mo Notes are associated with this Incident Statement OTE: Supervisors must review all reports for accuracy Supervisor Review and Remarks: Recipe 100 and whether we SSG Hours Supervisor Name: Bill Recipe	Title: Hearings Officer Date: 3-19-18 before signing off 2. Hacker to	Pack
Offender Whitford, Makueeyapee - Inmate causing 3015941 ource and Documentation Confidential Informant: No Information Source: Staff - Ivie, Karla Reporting Staff: Ivie, Karla Signature: Karla No Notes are associated with this Incident Statement IOTE: Supervisors must review all reports for accuracy Supervisor Review and Remarks: Review 200	Title: Hearings Officer Date: 3-19-18 before signing off Attack > + o 3.19-18 Title: 477 Prog. 1 Date: 319/18	Pack

Printed: 03/19/2018 @ 12:19 PM

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Statement of Incident

Title: Whitford,	Makueeyapee			Statement #:	9599
Incident Date:	03/19/2018	Incident Time:	09:00 AM	Statement Date:	03/19/2018
Jurisdiction: M	Iontana State Pri	son			
MSP D	uty Officer	Unit	Manager	Maintena	nce
Warden	or Designee	Com	mand Post	Investigation	tor's Office
Deputy	Warden	Inma	ite Records File	MCE	
Associa	ate Warden	Inma	ite Unit File	Safety Co	ommittee
Other					

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Statement of Incident

	Statement #: 9595
Incident Date: 03/19/2018 Incident Time: 09:30 AM	Statement Date: 03/19/2018
Jurisdiction: Montana State Prison	
Incident Scene	
Incident Occurred at Facility? Yes	
Location: Montana State Prison/Maximum Security/Locked Housing U	nit 1/LHU1 visiting room
Summary of Incident	
on the above date and time IPS was asked to go to LHU1 because inmate acting out and had removed the soft restraints and was hitting the window chains and cuffs. I asked Inmate Whitford if he was going to cooperate of the room. I opened the door and he sat down on the back stool, we prescorted him to LHU2 UC2, Inmate Whitford was stripped and given a stripped and given as	w with them but he still had on the belly ne stated yes I told him to go to the back ut on leg irons and spit hood and
Involved Persons	
No Individuals are associated with this Incident Statement	
0	
Source and Documentation Confidential Informant: No	
Information Source: Staff - Hansen, Debra	
	e: Correctional Officer Sqt
1 6 - 31	5 10 10
Signature: Scoth une Mille Date	e: <u>3-19-18</u>
Notes	
No Notes are associated with this Incident Statement	
No Notes are associated with this Incident Statement	re signing off
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before	. 1
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution	. 1
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before	. 1
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution 3 015941	ted
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution 15941 Supervisor Name: Title	ted : _ 550
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution ACH 3015941 Supervisor Name: White Incident Statement Title	ted
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution ACH 3015941 Supervisor Name: Date Date Description	e: <u>556</u> e: 3.19.2018
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution ACH 3015941 Supervisor Name: Date Date Description	e: <u>556</u> e: 3.19.2018
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution of the Supervisor Name: Supervisor Name: Signature: Signature	ted e: <u>\$\$6</u> e: <u>3.19.2018</u> buted to):
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution Supervisor Name: Supervisor Name: Title Signature: St. Lesson Date Routing List (Place an X next to those this report will be distributed before Security Major	e:
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution Supervisor Name: Supervisor Name: Signature: Button Date Routing List (Place an X next to those this report will be distributed by the supervisor Major Helena Office MSP Duty Officer Unit Manager	e:
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution Supervisor Name: Date Signature: Sc. Le Date Routing List (Place an X next to those this report will be distributed by the supervisor Major Designee Command Post	buted to): Medical Maintenance Investigator's Office
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed Distribution Supervisor Name: Date Signature: So Date Routing List (Place an X next to those this report will be distributed by the supervisor Major of MSP Duty Officer Unit Manager Warden or Designee Command Post Inmate Records File	e:
Supervisor Review and Remarks: Remembed Distribution 3 015941 Supervisor Name: Date Distribution Date Routing List (Place an X next to those this report will be distributed by the Designer of Designer Command Post Deputy Warden Inmate Records File Inmate Unit File	e:

this incident will be collected and combined into a single incident report.

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Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 425 of 527

		LHUI LAZ
•		RECEIVED BY
STAT	E OF MONTANA DEPARTMENT OF	F CORRECTIONS
	P MWP CONTRACT FACILITY:	
	LINARY INFRACTION REPORT / NO	
Disch	(Information and staff signatures on this form mus	V
	MAJOR MINOR	
Inmate Name: Whit	and Makleeyapee	ID# <u>3+30/594</u> , when the second secon
Last n	iame First	Name
Date: 3.15.18	ne: Osso Place of Incident: Z	LA.OZ
Room/Cell: LA.OL Hous	ing Unit: Lyu Job Assig	gnment: Un 99999
Infraction Number(s) & Name(s)		
	4208 - Insolence	
	The state of the s	
Staff Witness: 1.	Other Inmates	s involved 1.
2.		2,
	,	
Description of Violation: (who, v	what, why, where, when and how):	1 the shave dela
CILL CARON MAL	6 Lune T St Sm	H. Was an A-Rlock
TIM INTO	tell I Same I bus	"Hans of Calama And
My White town	telled several times	your a fucking punk He also Said I am arted I am going to
George Smith	ich you beone on the	te also Said I am
coing to Smash yo	m. Whitered also St	ated I am going to
Fuck you up	201	
	9	
REPORTING STAFF MEMBER	8. Can 5. W	leans S
REFORTING STATT MEMBER	Print Name)	Gion Name)
Supervisor Review:	(2.1111.1.11110)	(orgin risalty)
	(Print Name)	(Sign Name)
Inmate Status:	ing Confinement	vious Status
		vious status 🔲 Other
Reason: Currently on	shc-00 Status	
I have reviewed this report for leadility, com	apleteness, correctness of charge, and to ensure all necessa	ry information is attached (evidence, incident/witness reports,
etc)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	The state of the s
Sollan	3/15//8 (Date)	- / /
(Shift Supervisor's Signature)		(Warden or Designee Signature) (Date)
I have received a convert this water and the	NOTICE OF HEARING/PREHEARING A e been informed of my right to attend and present evidence	
1. Hearing Date: 3/23//8	Time: A hrs. Place	at a nearing.
2. I understand the charge(s)? Yes [No (if no, verbally explain the charge(s) to the inmate).	
	No (if yes, have inmate sign an Agreement/Waiver/Refu	
 Present evidence and witnesses on my b Other pertinent notations: 	behalf. Yes No If inmate has witnesses, have him/he	er complete a Witness Request form
	New Area of the Stanfort Architecture of	
	Il be subject to imposition of the sanctions as	
	e. I also understand that by refusing to sign	I am waiving my hearing, my right to
witnesses and witness statements.		
	and my right to an appeal.	2:0 4:1
564 Jours (Staff Signature)	3-20-18/1330	O:O vot s.&v (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPÁRTMENT OF CORRECTIONS MSP X MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR ♥ MINOR □
Inmate's Name: ()+17FORD () . ID#301594 Date: 3-22-18
Infraction Number(s) & Name(s) 4235-THREATENING 4908-INSOLENCE
DI DO UNDERSTAND THE VIOLATION I I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN
Continuance granted to Date:/ By:
Reason:
Plea: Guilty
Inmate's Statement: DID TO THIS ONE. COANT EVERY, BOOK
TO KNOW WHEN I BEAT AS ASS I SAID I WAS GOING TO
- ARSO DID NOT HAVE DUE PROCESS OF WITHERS STATEMENTS
Evidence Provided: 1 - FROCTO : DEBOT
Evidence Provided: 12FRACTON REPORT
100-100-00 FA - 100 F - 1 - 2 - 100 F
Findings: Quilty of # 4235 4258 Not Guilty of #
Evidence Relied On: Lymte Admitted Guilto
*
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 DGrid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
1000 CO 6000 CO 1000 CO
4208- AGGREGATED WITH 4935
1000 CO 6000 CO 1000 CO
1000 CO 6000 CO 1000 CO
Reason(s) for findings: Any THREATS ARE DAY ONACEPTAR
Reason(s) for findings: Any THREATS ARE DAN UNACEPTARS AND CONTUNES TO CHAIM STAFF BRING IT ARN
Reason(s) for findings: Any THREATS ARE DAY ONACEPTAR
Reason(s) for findings: AND CONTRINES TO CLAIM STATE BRING OF SON THOMSTINES. AND CONTRINES TO CLAIM STATE BRING OF SON THOMSTINES.
Reason(s) for findings: Any THREATS ARE DAN UNACEPTARS AND CONTUNES TO CHAIM STAFF BRING IT ARN
Reason(s) for findings: And Tetrents Art of unacceptars And Contines to Claim State Brings of ficial payer disciplinary team Administrative review/date I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
Reason(s) for findings: AND CONTRINES TO CLARING STATE DRING TO STATE DRING TO STATE DISCIPLINARY HEARINGS OFFICIR/MY DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
Reason(s) for findings: AND CONTRINES TO CLARING STATE DRIVED TO STATE DRIVED
Reason(s) for findings: ACCEPTAGE ACCEPTAG
Reason(s) for findings: ACCONTRINES AND CONTRINES THE DAY ON A CEPTARS ADMINISTRATIVE REVIEW DATE DISCIPLINARY HEARINGS OFFICIR (IN)T DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL
Reason(s) for findings: ACCEPTAGE ACCEPTAG
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STATE OF MONTANA DEPARTMENT OF CORRECTIONS	
MSP MWP CONTRACT FACILITY:	RECEIVED B
	APR 0 2 2018
Disciplinary Appeal	A) 11 0 2 2010
(major infractions only)	DISCIPLINA!
Inmate's Name: (2) (477-27) ID# 2015QL Date: 3/201 Infraction(s): (4235 - 747-24-207) Disciplinary Hearing Decision: (4235 - 25 Days Decomposition of the following apply and submit it to the	
Date: 3 2218 Infraction(s): 4235- THREA-ENING	
Disciplinary Hearing Decision: 4235- 25 Days Detent	ron
Instructions : Document why one, two, or all three of the following apply and submit it to the	DHO or DHI.
There was no evidence or documentation to support the decision.	
2. Required disciplinary procedures were not followed. Due Process Violation	is. Noti
prepare a defense. No Incident reports. No Acce	-55 to MSP
2. Required disciplinary procedures were not followed. Due process Violation prepare a defense. No Incident reports. No Accessory rules, or procedures.	
3. The sanction(s) is excessive.	
10 13 13 19 Just 90 Date 150 (2)	Justro
WARDEN OR DESIGNEES RESPONSE Stuff	
Warden or designee: Is there sufficient evidence and documentation to support the finding? YES	NO
Is there substantial compliance with applicable disciplinary procedures?	
Is the sanction(s) imposed proportionate to the rule violation(s)? YES	
is the saliction(s) imposed proportionate to the rule violation(s):	
Decision:	
Affirm. I uphold the decision of the DHO and the sanction(s) imposed.	
☐ Dismiss. I disagree with the actions of the DHO and dismiss the infraction.	
☐ Modify. I uphold the decision of the DHO, but the sanction(s) imposed or infraction lev	el shall be:
reduced sanction or level to:	
suspended sanction(s) for:	
suspended sanction(s) for.	
Written justification for the action taken above:	
0 1 10	0000
THE DECISION OF THE DHO IS CO	4100
X \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
homas 12 chan	4/2/18
Warden or Designee Signature	Date

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Revised: December 2014



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			DEPARTMENT OF		/	Und
			ONTRACT FACILITY:_ ON REPORT / NO			
	DISCIPL		signatures on this form must		IG MAR 16 2	018
		MAJOR	MINOR		DISCIPLIN	A mass
	Inmate Name: Whitf	and Nia	kueeya	DOP	ID#3015	all
	I aut au		/ Want	Nama.		The second
	Date: 3.15.18 Tim	e: 1000 Plac	ce of Incident: LH	Ul-Visitir	ig Koom	
	Room/Cell: LA 2 Housi Infraction Number(s) & Name(s)	19 Unit: LHU	ren Hoin a	iment:		
	initaction (vulnoci(s) & (vaine(s)	4208 - Ir				
	Staff Witness: 1.		Other Inmates	involved 1.		
	2.			2.		
	Description of Violation: (who, w	hat why where wi	hen and how). Or	thear	mue de	1 100
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	OF # h Doug of I +	oldhin	MALONI	SHUTTE	15 hain	od
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(These threater	nina sta	tements	I conci	Udidt	he
	hearing, - Eoi	2-5	0,,,,,,,,,	20-1,01	acces in	
				21	*	
	REPORTING STAFF MEMBER	Christin	e Slaught	er fohus	Line Não	Male
		1412	in Name)	- Comp	(Sign Jame)	J
	Supervisor Review:	34 A. 9/1	int Name)	THEA	(Sign Name)	
	Inmate Status: Pre-Hearin	ng Confinement	Release to Prev	ious Status	☐ Other	
	Reason: Currently on ph	ic-DO status				
	I have reviewed this report for legibility, comp		ge, and to ensure all necessary	information is attached (ex	vidence, incident/witness	reports,
	etc.)		(Date)			1 1
	(Shift Supervisor's Signature)		(Bute)	(Warden or Designee Sig	,nature)	(Date)
	I have received a copy of this notice and have	been informed of my right to	RING/PREHEARING A attend and present evidence			
	1. Hearing Date: 3/23/199 2. I understand the charge(s)? Yes	Time: hrs. No (if no, verbally explain t	he charge(s) to the inmate).			
-	 I waive my right to a hearing? Yes Present evidence and witnesses on my be 	No (if yes, have inmate sign	an Agreement/Waiver/Refus		st form	
	Other pertinent notations:	,		100000000000000000000000000000000000000		
	I understand, if found guilty, I will disciplinary operational procedure	INSERTED AND A CONTROL OF THE PROPERTY OF THE	SET STATE OF THE SET O	CHECKER SELECTION OF THE PROPERTY OF THE PROPE	CONTRACTOR OF THE PARTY OF THE	
	witnesses and witness statements, a	and my right to an app	peal.			
	S&t Toves (Staff Signature)	3	(Date & Time)		's Signature / ID#)	_
1	(Stati Signature)		(Date & Time)	(inmate	a Digitatule / ID#)	

Attachment B

MSP 3.4.1, Institutional Discipline

STATE Or MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION

MAJOR ☒ MINOR □
Inmate's Name: () H(TEORD, M. D# 30/594/Date: 3-22-18
Infraction Number(s) & Name(s) 4235-7472EATENING 4283-INSOLENCE
☑ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION—ADDITIONAL ACTION TAKEN
Continuance granted to Date: / / By:
Reason:
Plea: Guilty Donot Guilty Other:
Inmate's Statement: 1 DON'T SAY 17. 1 SARD 1 + SOW YOU GUYS
ARE GONG TO BE PROMOTING HOW, THERE'S A FAILURE
OF COMMINICATION PETCUSEN US, BUT I DED SAY
L WOULD BEAT HES ASS. I THINK SEES RETALIATING
STOUDH'T 30 MY HEARINGS.
LO DUE PROCESS, NO WITHESS STATEMENTS
Evidence Provided: INFRACTION REPORT
Marian (Orange)
Findings: Paguilty of # 4235 4208 Not Guilty of #
Evidence Relied On: INFRACTION REPEAT
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 6 Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 4235-25 Facts Reference
Sanction(s): 4235- 25 Days Detertion 4208- ACCREGATED 41174 4735
Sanction(s): 4235- 25 Days Decentron 4208- AGGZEGATED WIZH 4235
Sanction(s): 4235- 25 Days Detention 4208- AGG DEGATED WIZH 4235
4208- AGG ZEGATED WIZH 4235
Reason(s) for findings: ANY THEAT ARE
Reason(s) for findings: WACCEPTABLE. (NMATEL SCALATING BEHAVIOR UNDERSCORE)
Reason(s) for findings: ANY THE THEAD ARE UNACCEPTABLE. (NMATEL SCALATING BEHAVIOR UNDERSCORES THE SERICASMESS DE AS TOPEATS, AND HE CONTRINUED TO
Reason(s) for findings: NACCEPTABLE. (NMATET: ESCALATING BEHANIST UNDERSCORES THE SERIOLSHESS DE AS THERETS, AND AE CONTRIBUTED TO NATURE SERIOLSHESS DE AS THERETS, AND AE CONTRIBUTED TO NATURE SERIOLSHESS DE AS THERETS, AND AE CONTRIBUTED TO
Reason(s) for findings: ANY THE THEAD ARE UNACCEPTABLE. (NMATEL SCALATING BEHAVIOR UNDERSCORES THE SERICASMESS DE AS TOPEATS, AND HE CONTRINUED TO
Reason(s) for findings: LANY THE THEAD ARE UNACCEPTABLE. (NATES: ESCALATING BEHANIST UNDELSCORE) THE SERIOLSHESS OF AS THEATS, AND A CONTRIBUTION TO INSECT ST. SMITH IS IN PANCET FROM THE OF THE ST. SMITH IS IN PANCET FROM THE OF THE ST. SMITH IS IN PANCET FROM THE OF TH
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Reason(s) for findings: WACCE PTABLE. WALLEY SE PLANTING SE HAMIST UNDERSCORES WALLEY SE PLANTING OFFICER WHIT DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. IN DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Reason(s) for findings: WACCE PTABLE. WATER SEALATING BE HOMES OFFICENCENT DISCIPLINARY TEAM WATER SEALATING OFFICENCENT DISCIPLINARY TEAM DISCIPLINARY TEAMNORS OFFICENCENT DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. DISCIPLINARY TEAMNORS OFFICENCENT DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer within 15 days from today. DISCIPLINARY TEAMNORS OFFICENCENT DISCIPLIN
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	STATE OF MONT	ANA DEPARTMENT OF CORRECTION	NS RECEIVED BY
4	MSP MWP	CONTRACT FACILITY:	APR 0 2 2018
	<u>r</u>	Disciplinary Appeal (major infractions only)	DISCIPLINARY
Inmate's Name: Date: 3 /2/ Disciplinary Hear Instructions: Do	Infraction(s): 42 ring Decision: 42 ocument why one, two, or	D# 301 235- 7HPEATT C 4208 35- 25 Days DET 420 rall three of the following apply and submit	5941 - INSCENCE 18 AGG W/ 1236 it to the DHO or DHI.
1. There was no e	evidence or documentation	on to support the decision.	
2. Required disci	iplinary procedures were	not followed. Due Process Vislat Lent reports. No Access	to policies, rul
3. The sanction(s			
	5		
10)-	- Dut	3/20/19 Just	got out of 150 co BMD just got,
, 505	Inmate Signature WARD	370	FF.
	WARD	DEN OR DESIGNEES RESPONSE	
Is there sufficient	WARD nee: evidence and documents	DEN OR DESIGNEES RESPONSE ation to support the finding?	YES NO
Is there sufficient Is there substantia	WARD nee: evidence and documents	DEN OR DESIGNEES RESPONSE ation to support the finding? cable disciplinary procedures?	YES NO
Is there sufficient Is there substantia Is the sanction(s) Decision:	ward ee: evidence and documental al compliance with application imposed proportionate to uphold the decision of the disagree with the actions	DEN OR DESIGNEES RESPONSE ation to support the finding? cable disciplinary procedures?	YES NO
Is there sufficient Is there substantia Is the sanction(s) Decision: Affirm. I u Dismiss. I o Modify. I u reduced suspende	ward wee: evidence and documenta al compliance with applic imposed proportionate to aphold the decision of the disagree with the actions uphold the decision of the sanction or level to: led sanction(s) for:	ation to support the finding? cable disciplinary procedures? to the rule violation(s)? DHO and the sanction(s) imposed. So of the DHO and dismiss the infraction. The DHO, but the sanction(s) imposed or infraction.	YES NO
Is there substantia Is the sanction(s) Decision:	ward ee: evidence and documenta al compliance with applic imposed proportionate to uphold the decision of the disagree with the actions uphold the decision of the sanction or level to:	ation to support the finding? cable disciplinary procedures? to the rule violation(s)? e DHO and the sanction(s) imposed. s of the DHO and dismiss the infraction. e DHO, but the sanction(s) imposed or infra	YES NO

Revised: December 2014

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Last name Time: 0/40 Place of Incident: July	and the second second		
MAR 15 2018 MAR 15 2018 M			E RECEIVED BY
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING Information and staff arguments on that form must be legable. DISCIPLINARY MAJOR MINOR MINOR DISCIPLINARY MINOR MINOR MINOR DISCIPLINARY MINOR MINOR MINOR DISCIPLINARY MINOR MINOR MINOR DISCIPLINARY MINOR MI			ORRECTIONS
Independent and staff agentances on this from must be legible) MAJOR MINOR MI			MAR 1 5 2018
mate Name: List name			(-41)
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Time: 0/40 Place of Incident: 10b Assignment: 99999 Inaction Number(s) & Name(s) 10b Assignment: 10b Assignment: 99999 Inaction Number(s) & Name(s) 10b Assignment: 10b Assi	mate Name: Whith	God First Na	akueeyaee ID# 301594
aff Witness: 1. Other Inmates involved 1. 2. Secription of Violation: (who, what, why, where, when and how): On the about date and approximate time to harmy few multiplications and insolated across the about date and insolated across the about of the about date and insolated across the about of the abo	ate: 3 ·/4 ·/9 Time:	0/40 Place of Incident:	41 /42
aff Witness: 1. Other Inmates involved 1. 2. Secription of Violation: (who, what, why, where, when and how): On the about date and approximate time to harmy few multiplications and insolated across the about date and insolated across the about of the about date and insolated across the about of the abo	oom/Cell: LA2 Housing Uni	it: Job Assignm	ent: 99999
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EPORTING STAFF MEMBER: Preserving Prese	2	Other inmates inv	2
EPORTING STAFF MEMBER: Preserve Preserv	2.		2.
EPORTING STAFF MEMBER: Preserve Preserv	escription of Violation: (who, what, w	hy, where, when and how):	the show date and
PORTING STAFF MEMBER: (Print Name) (Print Name) (Release to Previous Status (Print Name) (Release to Previous Status (Sign Name)	approximate time -	I C/o King John 19	itures Vm 49ht Food
PORTING STAFF MEMBER: (Print Name) (Print Name) (Release to Previous Status (Print Name) (Release to Previous Status (Sign Name)	Make select TD #	3015041 10000	rafavid and insplant
PORTING STAFF MEMBER: (Print Name) (Print Name) (Release to Previous Status (Print Name) (Release to Previous Status (Sign Name)	and the total	Mann Calling	ordina de la de
PORTING STAFF MEMBER: (Print Name) (Print Name) (Release to Previous Status (Print Name) (Release to Previous Status (Sign Name)	JE, Sg., 1110	Monp. Calling him	a racist cowards
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(Print Name) (Release to Previous Status	EPORTING STAFF MEMBER:	John King	(Sign Mama)
ver reviewed this report to legibility. Completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, and to ensure all necessary information is attached (evidence, incident/witness reports, and the control of th		John King (Print Name)	(Sign Name)
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tnesses and witness statements, and my right to an appeal, 6180915 Vlub Portu	mate Status: Pre-Hearing Cone eason: Pre-Hearing Cone	correctness of charge, and to ensure all necessary inf (Date) (Vertice of Hearing/Prehearing ACT Tice of Hearing/Prehearing ACT Tich of my right to attend and prescribe vide uce at a legistry of the charge (s) to the inmate). The place of the charge (s) to the inmate. The place of the charge (s) the charge (s) to the inmate.	(Sign Name) S Status Other Formation is attached (evidence, incident/witness reports, Warden or Designee Signature) (Date) TION hearing. John John John John John John John John
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(Staff Signature) (Date & Time) (Inmate's Signature / ID#()	mate Status: Pre-Hearing Concason: Pre-Heari	correctness of charge, and to ensure all necessary inf (Date) (Note: Tice of Hearing/Prehearing Act Times of my right to attend and prescribe vide ice at a least firms. Place: Place	(Sign Name) S Status Other Formation is attached (evidence, incident/witness reports, Warden or Designee Signature) (Date) TION The hearing. The hearing of the heari
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Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION MAJOR X MINOR Inmate's Name: Infraction Number(s) & Name(s) Mosolence ☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN Continuance granted to Date: Reason: Plea: Guilty Not Guilty Other: wasn't given acopy **Inmate's Statement: Evidence Provided:** ntraction Findings: Guilty of # ☐ Not Guilty of # **Evidence Relied On:** For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): Reason(s) for findings: earing with DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. ☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#: _

Copies to: Records (White) Revised: December 2014 Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 433 of 527



/	LHUI	1.42
E	Di i col	0.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS RECEIVED BY. MSP MWP CONTRACT FACILITY: MAR 1 5 2018 DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING (Information and staff signatures on this form must be legible) DISCIPLINARY MAJOR X MINOR ID# 3015941 Inmate Name: 3-14-18 Time: 2320 Place of Incident: 4.41 LAZ Housing Unit: _____ Job Assignment: Infraction Number(s) & Name(s) 4207 encouragent Staff Witness: 1. Other Inmates involved 1. Description of Violation: (who, what, why, where, when and how): block for a secound flood on the block. In whitford block to Joseph was encouraging everybody of block to flood. E.O.R. opprimate time I c/s King John was colled back black for a secound REPORTING STAFF MEMBER: Supervisor Review: (Sign Name) ☐ Pre-Hearing Confinement Release to Previous Status Inmate Status: Other HC DD I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, (Date) NOTICE OF HEARING/PREHEARING ACTION I have received a copy of this notice and have been find informed of my right to attend and present evidence at a hearing. 1. Hearing Date: / / Time: // Irs. Place: | 2. I understand the charge(s)? | Yes | No (if no, verbally explain the charge(s) to the inmate). 3. I waive my right to a hearing? | Yes | No (if yes, have inmate sign an Agreement/Waiver/Refusal form). 4. Present evidence and witnesses on my behalf. | Xyes | No (if inmate has witnesses, have him/her complete a I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institution

Attachment B

witnesses and witness statements, and my right to an appeal.

(Staff Signature)

MSP 3.4.1, Institutional Discipline

disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to

Effective January 17, 2017

(Date & Time)



STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:

DISCIPLINARY HEARING DECISION

MAJOR 🔀 MINOR 🗆
Inmate's Name: WM+FOR Makueryaee ID# 3015941 Date: 3-19-18
Infraction Number(s) & Name(s) 4207- Encouraging, a Coordinated event I DO UNDERSTAND THE VIOLATION Continuance granted to Date: / By: Reason:
Plea: Guilty Not Guilty MOther: Inmate I removed from Inmate's Statement: New York and the perfect of the perfe
Evidence Provided: Infraction Report Statements
Findings: A Guilty of # 4207
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 4207- #10 Restitution Flood Cleump Refer to Units
Reason(s) for findings: In Mate was verbally encouraging by block, to flood which resulted in several flooding incidents. In Mate on detention until 4-8-18 Removed from nearing due to behavior 30 helia without him and the first flooding of the several series of the several flooding due to behavior 30 helia without him and the first flooding of the flooding of the first flooding of the flood
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL Inmate's Signature / ID#: I DO NOT WISH TO APPEAL Inmate's Signature / ID#:

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

					11/11	
			4		CHOO	
	- STATE OF	MONTANA DEPA	RTMENT OF CORREC	CTIONS	RECEIVED BY	
			ACT FACILITY:		MADI	>
			REPORT / NOTICE OF I		MARIA	>
			res on this form must be legible) MINOR		DISCIPLINARY	
T M.	111111	11 -		II	1 Zal 50 H	
Inmate Name:	Last name	Makneeyaf	First Name LHU-1 E-	1L	501374	_
Date: 3/9/18	Time: 1	ZS Place of I	neident: LHU-1 F-	block		
Room/Cell: IAI	S - 3 Housing Ur	nit: LHu-1	Job Assignment: 90	1999 unassig	ined .	
Infraction Number	$r(s) & Name(s) $ $\frac{42}{}$	13: Refusing to a	bey a verbal dri	ect order y	from a slutter	nember
	42	20! Interntional	y obstructing hinder	ng or impede	my Sterft.	
	-		,	J ,	J	_
				-		
Staff Witness: 1.			Other Inmates involved 1.			
2.	***	_	2.			
			.1	. 1,	1	
Description of Vi	olation: (who, what,	why, where, when ar	d how); On the o	where date	and time	
SSG Segovia	went to LITH	-/ in an atter	not to move inm	are Whitte		up.
	unit I gave	, multiple direc	t orders to ismate		to uncover	-
his winglow	and come to t	he slot to be	cutted which h		Que to inn	ak
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to extract in	TAK WAIF FOIL	, 502,				
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REPORTING ST	AFF MEMRER	No not S			(
REPORTING ST	AFF MEMBER:	Oanel S	govia	(Sign Na	ime)	
REPORTING ST Supervisor Revie	_	<u></u>	govia _			
Supervisor Revie	w:	(Print Name	gavia _	(Sign Na		
Supervisor Revie	_	(Print Name	Release to Previous Status	(Sign Na		
Supervisor Revie	w:	(Print Name		(Sign Na	nme)	
Supervisor Revie Inmate Status: Reason:	w: Pre-Hearing Co	(Print Name	Release to Previous Status	(Sign Na □ C	ome) Other	
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Supervisor Revie Inmate Status: Reason: I have eviewed this repete.) (Staft Supervisor Reviewed)	ort for legibility, completenes Nouveler isor's Signature)	(Print Name of the print Name	Release to Previous Status o ensure all necessary information is (Wartervor I	(Sign Na	Other incident/witness reports,	
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Attachment B

MSP 3.4.1, Institutional Discipline

	/
	STATE OF MUNTANA DEPARTMENT OF CORKECTIONS
	MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION
	MAJOR MINOR D
Inmate's Name	Territorio de la contraction d
\/	uber(s) & Name(s) 4213- Refusing an order; 4220-opstruction
, ,	STAND THE VIOLATION I I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN
Continuance gr Reason:	ranted to Date: / By:
Plea: Guilt	y Not Guilty \ \ \ Other:
Inmare's States	VA 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D	
Evidence Provi	ded: Intraction report, incident reports
	1000
7.0	Guilty of # 4213/4220 Not Guilty of #
Evidence Relie	don: instaction report, incident report
	at 2
	urposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: f prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s):	10 doll 13 and the americane protestions. That gradiever to use by duding current & prior gainty decisions).
	EN. 3.4.8.18
/	reflito unt
Reason(s) for fi	indings (a Mandy , a day) an and
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Shich	hindule then from their
1004	DI Autil)
9	3/11/12 Postallinh 3:14:18
ADMINISTRATIV	DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
an appeal, I mu I DO WISH support the fine	hat I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file ust submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to ding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
	ate to the rule violation(s).
Inmate's Signati	VISH TO APPEAL ure / ID#:
Cariant B	
Copies to: Reco	rds (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

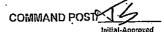
Attachment C

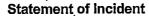
MSP 3.4.1, Institutional Discipline

The state of the s		
	RECEIV	ED BY
	MAR 16	2010
STATE OF MONTANA DEPARTMENT OF CORRE	CTIONS	ASP 3.4.1
MSP MWP CONTRACT FACILITY:	DISCIPL	Attachment J INARY
Disciplinary Appeal (major infractions only)		
101.10	1.	
Inmate's Name: Unitford, Makuelyapel ID# 30 Date: 3/4/18 Infraction(s): 4213-Ref. an Order, 422 Disciplinary Hearing Decision: 1000 Oct, Refer to 1 Inststructions: Document why one, two, or all three of the following apply and sub-	0 15941 0 - 0 bstn UNIT	ucting
1. There was no evidence or documentation to support the decision.	omit it to the DA	O of DHI.
1. There was no evidence of documentation to support the decision.		
Required disciplinary procedures were not followed.		
I was given no right to prepare, no notice	of revise	& proceed
	7	
3. The sanction(s) is excessive.		10000
Inmate Signature Date		
WARDEN OR DESIGNEES RESPONSE		
Warden or designee: Is there sufficient evidence and documentation to support the finding?	YES 🔾	ΝΟΠ
Is there substantial compliance with applicable disciplinary procedures?	YES C	NO
s the sanction(s) imposed proportionate to the rule violation(s)?	YES V	NO
	415-000	
Decision:		31 77
Affirm. I uphold the decision of the DHO and the sanction(s) imposed.		
 □ Dismiss. I disagree with the actions of the DHO and dismiss the infraction. □ Modify. I uphold the decision of the DHO, but the sanction(s) imposed shall 		
reduced to:	be:	
suspended for:		_
		-
Written justification for the action taken above:		2.3
THE DECISION OF THE DAD IS CORRECT	R	TE ST
		1
		No. 10.
Warden or Designer Signature		1801 18
Warden or Designee Signature		Date
Copes to: 1. Records 2. Parole Board 3. Housing Unit 4. Inm	note \	
3. Housing Olin 4. Infr	A . \	
	TALK I	

EXHIBIT D EXHIBIT D







Title: Whitford/L	.HU-1	_		Statement #:	9123
Incident Date:	03/09/2018	Incident Time:	07:00 AM	Statement Date:	03/09/2018
Juricdiation: M	ontana Stato Brid	non.		,	,

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/UPPER/2

Summary of Incident

On the above date and time, I Sgt. Christensen was conducting tray pick up on the east side of the building when a floor officer called for me to come to E block. I went to the block and saw the UE-2 cell window was completely covered in paper. I approached the cell and the officer told me I/M Whitford was responsive and is refusing to return his breakfast tray. I then took over and began to talk to I/M Whitford. He informed me that he along with other inmates are starting a civil/inmate rights movement. I asked him what it entailed and he said that back on March 9, 1863 a man was tried and hung in downtown Deer Lodge and afterwards it was discovered the man was falsely accused. He then told me that what they are wanting is a more fair housing program for looked housing inmates. I asked him what he meant and he said the following, more access to library/legal library, fair and non-bias hearings officers, all hearing to be recorded and more privileges for locked housing inmates. I then convinced him to remove one piece of paper out of the window if I made a phone call for him. He removed one piece of paper so I could see inside his cell and handed out his food tray. Everything in his cell appeared as normal. i then left the block and notified command post of the situation. I was instructed to complete the write upfor tampering with or blocking a locking device and participating in an unauthorized meeting or gathering. I completed the write up and then went and attempted to get inmate Whitford to be placed in restraints to which he refused. I gave Whitford multiple direct orders and multiple opportunities to be handcuffed to which he refused. All he said was "get a lieutenant up here or a captain". I then left the block and notified command post of what he said. IPS was then sent to the unit and Whitford was removed from his cell and escorted to LA-5 and placed PHC-DD status. EOR

Involved Persons Narrative Category Offender Whitford, Makueeyapee -3015941 Source and Documentation Confidential Informant: No Information Source: Staff - Christensen, Don Reporting Staff: Christensen, Don Title: Correctional Officer Sgt Signature: Notes No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before signing off Supervisor Name:

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Page 1 of 2



Statement of incident

· Title: Whitford/LHU-1 .			State	ment #:	9123
Incident Date: 03/09/2018	Incident Time:	07:00 AM	Stateme	nt Date:	03/09/2018
Jurisdiction: Montana State Pris	on				
•					
,		·	·		4
		· · · · · · · · · · · · · · · · · · ·			
Signature:	muden	Date:	3-9-18		
Routing List (Place an X next					·
Helena Office	Secu	urity Major		viedical	
MSP Duty Officer	Unit	Manager	r	Vaintena	nce
Warden or Designee	Com	mand Post	· I	nvestiga	or's Office
Deputy Warden	Inma	ate Records File		MCE	
Associate Warden	Inma	ate Unit File		Safety Co	immittee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 11:42 AM

Page 2 of 2





Statement of Incident

Title: Whitford r	efusal of order			Statement #:	9135
Incident Dates	02/00/0010	Incident Times	11.25 AM	Statement Date:	03/00/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/UPPER/2/LHU-1 UE-3 to LA-5

Summary of Incident

On the above date and time I, SSG Segovia, was called by command post and told inmate Whitford is trying to incite a resistance in LHU-1 and is refusing lock up. Myself and the 2nd shift IPS team responded to LHU-1 were I was told by unit staff that inmate Whitford has covered his window and is refusing direct orders to come to the slot to be cuffed. I went on to E-block and approached inmate Whitford's cell and gave him a direct order to uncover his window and come to the slot to be cuffed. There was no response from Whitford and I again told him to uncover his window and come to the slot to be cuffed. Inmate Whitford respond with "who?" I stated to inmate Whitford "This is SSG Segovia from IPS are you going to uncover your window and cuff up?" Inmate Whitford responded with "Who, SSG Sequia and who is the rest of them?" I said to inmate Whitford "yes SSG Segovia and the IPS team, are you going to cuff up?" Inmate Whitford just get responding with "who" and I told him that I would be coming back on the block. At that time I left the block and started my cell extraction procedures. Once on the block again I approached inmate Whitford's cell and I could already see him removing the paper out of his window. I asked him if he was going to cuff up for me and inmate Whitford responded "Yeah, I just wanted to see what you guys looked like dressed up." Inmate Whitford backed up to the slot and was cuffed behind the back. The restraint retainer was applied and inmate Whitford was escorted to LA-5. Inmate Whitford's clothing was removed and he was told to kneel down by the door. The door was shut and the restraints were removed without any incident. EOR

Involved Persons

Category	Person	Narrative
Staff	Cales, Mitchell	
Staff	Dohr, Josh	
Staff	Piilola, Jared	
Staff	Kent, Garrett	
Staff	Williamson, Daniel	
Staff	Baltezar, Beau	
Staff	Graveley, Nicholas	
Source and	Documentation	
Confidentia	Informant: No	
Information	Source: Staff / Snowden, Thomas	•
Reporting S	tart: Segovia, Daniel	Title:
Signature:_		Date: 3/9//8
Notes		
No Notos se		

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Page 1 of 2



Statement of Incident

Title: Whitford refusal of order		•	Statement #: 913
Incident Date: 03/09/0018 I	ncident Time:	11:25 AM	Statement Date: 03/09/2010
Jurisdiction: Montana State Prison			
Supervisor Review and Remarks:	Reviewed	¿ Distribu	ted/No Force User
Supervisor Name: Thomas	maridan	Title:	Stiff Sergeant
Signature: See Snow	uden		3-9-18
Routing List (Place an X next to t	hose this repo	ort will be distribut	ed to):
Helena Office		ırity Major	Medical
· MSP Duty Officer	Unit	Manager	Maintenance
Warden or Designee	Com	mand Post	Investigator's Office
Deputy Warden	Inma	te Records File	MCE
Associate Warden	•	ite Unit File	Safety Committee
Other			 , -

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Statement of Incident

Title: Whitfor	d refusing orders			Statement #: 9139
Incident Date	: 03/09/2018	Incident Time:	11:05 AM	Statement Date: 03/09/2018
Jurisdiction:	Montana State Priso	n		
Incident Scei	ne			
Incident Occu	rred at Facility? Ye	es ·		
Location: Mo	ontana State Prison/N	/laximum Security/L	ocked Housing l	Jnit 1/UPPER/2/UE2 to LA5
Summary of	incident	·		
Whitford, Make attempting to it please come to Inmate Whitfor uncover his wi Segovia then to ensure his safe his window con	ueeyapee (3015941) ncite a resistance on o your slot and cuff u rd refused and kept a ndow. Inmate Whitfo gave him a final warn ety. We then put on o	for covering his wir E block. When we p," attempting to ge sking who was on t rd continued to refu ing and told him the our extraction gear a ne slot to cuff up. W	ndow and refusing arrived SSGT Se at inmate Whitford he block. SSGT se to comply and at the least amou and retumed to he te then opened h	team responded to LHU1 for inmate g to cuff up to be moved. He was egovia told him "Im SSGT Segovia IPS d to comply with orders and cuff up. Segovia again asked him to cuff up and d continued to ask who was there. SSGT int of force necessary would be used to is cell. When we arrived he had removed is cell and escorted him to cell Lower A5. rce was used. EOR
Involved Pers				
Category	Person	Nai	rrative	· ····
Offender	Whitford, Makueey	apee -		
Staff				
Staff				
Staff	Calaa Mitaball			
Staff				
Staff	Diilele leted			
Staff				
Staff				
	nformant: No		·	
Information S	ource: Staff - Willia	mson, Daniel		
Reporting Sta	•		Tit	le: Correctional Officer
Signature:			Da	te:
Notes				
No Notes are	asșociated with this l	ncident Statement		
NOTE: Super	visors must revie	w all reports for	accuracy befo	re sianina off
	eview and Remarks	0 ,	i Dista	buted
			·	<u> </u>
Note: This statem	ent of incident may be th	ne only statement of th	e described incider	nt, or it may be one of several. All statements of

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Statement of Incident

Title: Whitford refusing order	'S		Statement #:	9139
Incident Date: 03/09/2018	Incident Time:	11:05 AM	Statement Date:	03/09/2018
Jurisdiction: Montana State	Prison			•
		.	•	
			, ,	
Supervisor Name: Thoma	15 Snawden	Title:	Staff Sergen	n l
Signature:	Snowden		3-9-18	
Routing List (Place an X n	ext to those this repo	ort will be distribu	ted to):	
Helena Office		ırity Major	Medical	
MSP Duty Officer	Unit	Manager	Maintena	nce
Warden or Designee	Com	mand Post	Investiga	tor's Office
Deputy Warden	• ———	ate Records File	MCE	*
Associate Warden	lnma	ate Unit File	Safety G	emmittee
Other				•

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Statement of Incident

Title: whitford #3015941			Stateme	nt #: 9137
Incident Date: 03/09/2018	Incident Time:	11:25 AM	Statement D	oate: 03/09/2018
Jurisdiction: Montana State Pri	son			
ncident Scene	•		· · · · · · · · · · · · · · · · · · ·	
Incident Occurred at Facility?	Yes		• -	· · · · · · · · · · · · · · · · · · ·
Location: Montana State Prisor		ocked Housin	g Unit 1/E/UPPER/2/e-block	k moved to a-
block to la-5.			•	
Summary of Incident			* *	<u></u>
On above date and approx. time for unit staff for starting a resistar to ue-2 and ips ssg. Segovia ask and ips ssg. Segovia asked inma and who all these guys" while pe gear and went back on to e-block asked inmate whitford to cuff up off and the team backed out of th incident.	nce. The ips team arrived inmate whitford to to the whitford again to use whitford again to use whitford out his covered to us-2 and inmate whitford did an	ved to locked I uncover his win ncover his win window. The i whitford had his d was moved	housing unit 1 and the team indow and cuff up inmate whi dow and cuff up inmate whi ips team left e-block to put of s window uncovered and ips to a-block to la-5 and his so	went to e-block hitford said "who" tford said "who nour extraction s ssg. Segovia crubs where cut
nvolved Persons			<u> </u>	
Category Person	Nai Nai	rrative		
Staff Segovia, Daniel				
Staff Kent, Garrett			, '	
Staff Baltezar, Beau				
Staff Piilola, Jared			•	
Staff Dohr, Josh				
Staff Williamson, Dan	!_1			
Staff Graveley, Nichol	20			
Offender Whitford, Makue 3015941				
Source and Documentation		· ·		
Confidential Informant: No	· — — — —	·		
Information Source: Staff - Sn	owden, Thomas			•
Reporting Staff: Cales, Mi	tchell	•	Title: Correctional Officer	*
Signature: multhoff	elo-		Date: 3-9-18	· /
Notes	·	<u> </u>		
No Notes are associated with thi	s Incident Statement		· · · · ·	•
NOTE: Supervisors must rev	riew all reports for	accuracy be	efore signing off	
Supervisor Review and Remar		& Dis-	labuted	<u> </u>
<u> </u>				
Note: This statement of Incident may be	o the cube statement of th	a described incl	dent or it may be one of severa	All statements of

this incident will be collected and combined into a single incident report.

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Statement of incident

Title: whitford #3015941	•	Statement #: 9
Incident Date: 03/09/2018	Incident Time: 11:25	AM Statement Date: 03/09/2
Jurisdiction: Montana State Pri	son	
·		
Supervisor Namer Thomas	Snowben	_ Title: Staff Sergeant
Signature:	worden	
Routing List (Place an X nex	to those this report will b	be distributed to):
Helena Office	Security Majo	* * * * * * * * * * * * * * * * * * * *
MSP Duty Officer	Unit Manager	r Maintenance
Warden or Designee	Command Po	ost Investigator's Offi
Deputy Warden	Inmate Recor	ords File MCE
Associate Warden	Inmate Unit F	File Safety Committee
Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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COMMAND POSTA

Statement of Incident

Common of the co				
Title: whitfo	rd extractiion			Statement #: 913
Incident Dat	e: 03/09/2018	Incident Time:	11:25 AM	Statement Date: 03/09/201
Jurisdiction	: Montana State Priso	on	•	·
Incident Sce	ano		,	
	curred at Facility? Y	 PS		
			ocked Housina l	Jnit 1/E/UPPER/2/Upper E2 LHU1
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
due to inmate arrival we en- cuff up, he re inmate White like when you his clothes of	e date and time I IPS of the Whitford, M#301594 tered E block and IPS fused all orders. We I ord a direct order to course all dressed up". If and exited the cell w	1 refusing to cuff up SSG Segovia gave eft the block and ge- uff up and Whitford s Inmate Whitford was	for unit staff and inmate several d ared up. Once ba said "Yes I will I	call by command post to respond to LHU I trying to start a resistance. Upon our direct orders to uncover his window and ack on E block IPS SSG Segovia gave just wanted to see what you guys looked out force and escorted to lower A 5 we cu
Involved Pe	rsons	<u> </u>		
Category	Person		rrative	
Offender	Whitford, Makueey 3015941			
Staff	Segovia, Danel			
Staff	-			
Staff	Cales, Mitchell			
Staff	Piilola Jared			
Staff	Baltezar, Beau			•
Staff	Williamson, Danie	1		
Staff	Graveley, Nichola			
	-			
	Documentation Informant: No			
	Source: Staff - Snov	udon Thomas		
		·	Ti4	le: Correctional Officer
Reporting S	taff: Kent, Garre		110	le, Correctional Officer
Signature:	WWW-hall		Da	te: <u>3/9/18/</u>
Notes				
	associated with this	ncident Statement		
				an always a se
NOTE: Supe	ervisors must revie	71		1
Supervisor I	Review and Remarks	: Keviewed	& Distai	buted
	<u> </u>			
Supervisor I	Vame: Thomas	Smuden	· Tit	le: Staff Sergeant
Signature: _e	Sig S	muden_		te: <u>3-9-18</u>

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Statement of Incident

Title: whitford e	xtractiion		· ,	Sta	atement #:	9131
Incident Date:	03/09/2018	Incident Time:	11:25 AM	Staten	nent Date: ()3/09/2018
Jurisdiction: M	ontana State Pri	son			·	
Routing List (P	lace an X next	to those this repo	rt will be distribu	ıted to <u>):</u>		
Helena	Office	Secu	ırity Major	<u> </u>	Medical	
MSP Du	ity Officer	Únit	Manager		Maintenand	ce
Warden	or Designee	Com	mand Post	·	Investigato	r's Office
Deputy	Warden	Inma	ite Records File		MCE	
Associa	te Warden	İnma	te Unit File	·	Safety Con	nmittee
Other	•			•		
			1			

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Statement of Incident

CHOP!					-,
Title: Whitfor	d, Makueeyapee #30	015941		Statement #:	9133
Incident Date	: 03/09/2018	Incident Time:	11:25 AM	Statement Date:	03/09/2018
Jurisdiction:	Montana State Prise	on			_
Incident Scer	ne			•	•
	rred at Facility? Y	es ,	_		-
Location: Mo	ontana State Prison/I	Maximum Security/L	ocked Housing U	nit 1/E/UPPER/2/LHU-1 UE2	to LA5
Summary of	Incident				_
due to Inmate UE2 and SSG orders. We the As we approac order to cuff up Whitford was t applied. Inmate	Whitford trying to stand the control of the control of the coll inmate of and inmate whitford hen cuffed and the rewittford was then	art a resistance and ple orders to uncove put on extraction ge. Whitford removed the stated "I just want estraint retainer was escorted to LA5. Or	refusing to cuff uper his window and ar. A video introdune paper covering ed to see what you attached. The cence in LA5 we cuff	IPS Team responded to LHU. Once we arrived at the unit, cuff up. Inmate Whitford refunction was done and we return his window. SSG. Segovia gu looked like dressed up." In Il door then opened and leg it off Inmate Whitford's clothes noved without incident. EOR	we went to sed all ned to UE3 ave another mate rons were
Involved Pers	<u> </u>		v		
Category	Person	Naı	rative	· ·	
Staff	Segovia, Danel	 			
Staff	Kent, Garrett				
Staff					
Staff	Baltezar, Beau				
Staff	Piilola, Jared				
Staff	Williamson, Danie				
Staff	Graveley, Nicholas				
Offender	Whitford, Makueey 3015941	yapee -			
Source and D	Documentation			·	
	nformant: No	E			
Information S	ource: Staff - Snov	vden, Thomas		·	
Reporting Sta	iff: Dohr, Josh	1	Title	: Correctional Officer	
Signature:	Jen El		· Date	3-9-18	
Notes /			•		
No Notes are	associated with this	Incident Statement			
NOTE: Super	visors must revie	w all reports for	accuracy befor	e signing off	
Supervisor Re	eview and Remarks	: Reviewed	¿ Distribu	tec	
Supervisor Na	ame: Thomas	Snowben	Tiţle	: Staff Sorger	n+
					-1

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Statement of Incident

Title: Whitford, Makueeyapee #	3015941		Statemen	it #: 9133
Incident Date: 03/09/2018	Incident Time:	11:25 AM 👍	Statement D	ate: 03/09/2018
Jurisdiction: Montana State Pr	ison			
				_
•				
	<u> </u>			
/ · 			•	
Signature: <u>See Se</u>	maden_	Date:	3-9-18	·
Routing List (Place an X nex	t to those this repo	ort will be distribu	ted to):	
Helena Office	Secu	ırity Major	Medi	cal
MSP Duty Officer	· Unit	Manager	Main	tenance
Warden or Designee	Com	mand Post	Inves	stigator's Office
Deputy Warden	Inma	ate Records File	MCE	
Associate Warden	Inma	ate Unit File		ly Committee
Other		•		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Statement of Incident

Title: Whitfor	d, M #3015941 Ref	usal to cuff up		Statement #: 9127
Incident Date	: 03/09/2018	Incident Time:	11:25 AM	Statement Date: 03/09/2018
Jurisdiction:	Montana State Pris	on		
Incident Scer	1e			
	rred at Facility?	'es		
Location: Mo	ontana State Prison	Maximum Security/L	ocked Housing U	nit 1/E/UPPER/2/Moved to LA5
Summary of	Incident			·
team went to L denied the dire if he was "goin you guys looke handcuffs were the bed. He ag	JE-2 and SSG Sego ect orders. We then g to come to the slo ed like dressed up." e placed, along with gain complied and h old to kneel in front	ovia gave multiple dir went and geared up of and cuff up?" Inmn The food slot was of the restraint retaine is clothes were remo	ect orders to com The team return nate Whitford reploened and inmate r. Inmate Whitford oved. The team th	to cuff up. Upon arriving to the unit, the set to the slot and cuff up, inmate Whitford ed to the block and SSG Segovia asked ied with "yes, I just wanted to see what Whitford put his hands out, the I was escorted to LA5 and told to lay on en backed out of the cell and inmate the restraints were removed without
Involved Pers				
Category	Person	Na	rrative	a to the distance of the
Offender	Whitford, Makuee	• •		
Staff	301 <u>5941</u> Segovia, Daniel			•
Staff				
Staff				
Staff				
Staff	Graveley, Nick			
Staff	Williamson, Danie	=======================================		
Staff	Dohr, Joshua			
Source and E	Documentation			
Confidential I	nformant: No			
Information S	ource: Staff - Sno	wden, Thomas		
Reporting Sta	iff: Piilola, Jar	ed	Titl	e: Correctional Officer
Signature:			Dat	e: <u>3/4/18</u>
Notes				

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

NOTE: Supervisors must review all reports for accuracy before signing off

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Supervisor Review and Remarks:

No Notes are associated with this Incident Statement

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C

Montana Department of Corrections

Statement of Incident

Title: Whitford, M #3015941 Refusal	to cuff up	Statement #: 9127
Incident Date: 03/09/2018	ncident Time: 11:25 AM	Statement Date: 03/09/2018
Jurisdiction: Montana State Prison		
	· · · · · · · · · · · · · · · · · · ·	
	,	
-	 	
Supervisor Name: Thomas	muden	Title: Staff Sergeant
Signature: Some	den	Date: 3-9-16
Routing List (Place an X next to t	hose this report will be o	listributed to):
Helena Office	Security Major	Medical
MSP Duty Officer	Unit Manager	Maintenance
Warden or Designee	Command Post	Investigator's Office
Deputy Warden	Inmate Records I	File MCE
Associate Warden	Inmate Unit File	Safety Committee
Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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COMMAND POSTT

Statement of Incident

Title: whitford	LHU-1	***	-	.,		Statemen	t#: 9
Incident Date	: 03/09/20	018 Inc	ident Time:	11:25 AM	, ,	Statement Da	ate: 03/09/20
Jurisdiction:	Montana St	ate Prison ·					
Incident Scer	ne .			,			
Incident Occu		ility? Yes				-	
Location: Mo		Prison/Maxim	ium Security/	Locked Housi	ng Unit 1/E/(UPPÉR/2/LHU-1	JE-2 to LHU
Summary of I	ncident	7 7				, , <u>-</u>	
Whitford, M #3 arrived in LHU several direct of 2nd shift IPS to went to UE-2 a what you guys	015941 tryir -1 we went to orders to und earn then we and SSG Se looked like. to LA-5 whe	ng to start a re o UE-2 where cover his wind ent and geared govia told inm " the door was re we remove	sistance on the Whitford was ow and come of the Whitford to the come of the come of the come of the whitford the come of the come of the whitford the come of the	ne block and a being house to the slot ar a Segovia star o cuff up and I put a spit ho	refusing to co d. SSG Segond cuff up whated the cell of he complied and on inmat	esponded to LHU- uff up for unit staf ovia gave inmate nich inmate Whitfo extraction procedi I and said "I just v te Whitford. Inmat and uncuffed inmat	f. When we Whitford ord ignored. T ure. We then vanted to kno e Whitford wa
involved Pers		•	,	,•	, a		
Category	Person	g gift an obs	- Na	rrative	. In a suppose prima	the management of the first	
Staff	Piilola, Jar	ed				·	
Staff	Baltezar, I	Beau					
Staff	Dohr, Josh						
Staff	Cales, Mit	chell					·
Staff	Kent, Garr	ett	- -				
Staff	Williamsor	n Daniel			-		
Staff	Segovia, I	Daniel					
Offender		Makueeyapee	-				
Source and D		ition					
Confidential I						-	
Information S	ource: Sta	ff - Snowden,	Thomas	•		•	
Reporting Sta	ıff: Gra	veley, Nick			Title: Corre	ectional Officer	
Signature:	1. Gr	weley	<u> </u>	· 	Date: 3	9-14	
Notes		<u> </u>	· •			<u> </u>	
No Notes are a	associated w	vith this Incide	nt Statement	*	•	. *	
NOTE: Super	visors mu	st review all	reports for	accuracy i	efore sign	ing off	
Supervisor Ro			Periewed	1 5 Di	ctobe	led	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Statement of Incident

Title: whitford LHU-1		Statement #	: 9125
Incident Date: 03/09/2018 Inci	dent Time: 11:25 AM	Statement Date	: 03/09/2018
Jurisdiction: Montana State Prison .			
	, <u> </u>	5	,
		L.	•
	· ·		
Supervisor Name: Thomas S	ous den	Title: Staff Secce	ant
Signature: Sa Sava	den	Title: <u>Staff Secce</u> Date: <u>3-9-18</u>	
Routing List (Place an X next to tho			
Helena Office	Security Major	Medical	
MSP Duty Officer	Unit Manager	Mainten	ance
Warden or Designee	Command Post	Investig	ator's Office
Deputy Warden	Inmate Records F	ile MCE	
Associate Warden	Inmate Unit File	Safety C	Committee
Other	•	•	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

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Printed: 03/09/2018 @ 12:04 PM

Montana Department of Corrections COMMAND POST

COMMAND POSET

Original - 09/14/2016

Statement of Incident

Title: respond to LHU1 whitford #3015941	Statement #: 9129
Incident Date: 03/09/2018 Incident Time: 11:25 AM	Statement Date: 03/09/2018
Jurisdiction: Montana State Prison	•
Incident Scene	
Incident Occurred at Facility? No	
Location: LHU1 UE2 to LA5 .	
Summary of Incident	· _ · _ ·
On the above date and time I, IPS Baltezar along with IPS SSGT Segovia a Graveley, Dohr, Williamson and Piilola respond to LHU1 due to inmate Wh start a resistance on E block in LHU1. SSGT Segovia gave Whitford multip window, he refused. The team geared up for an extraction. The team enter Whitford was told to cuff up. He complied and stated "I just wanted to see were placed on Whitford and he was escorted to LA5 where his clothing was without further incident.	tford refusing orders and trying to le orders to cuff up and uncover his ed E-Block and went to UE2 and you guys all geared up." Réstraints
Involved Persons	
No Individuals are associated with this Incident Statement	. ,
Saura and Decumentation	
Source and Documentation Confidential Informant: No	
Information Source: Staff - Snowden, Thomas	
	Correctional Officer
Signature: Date:	39-18
Notes	
No Notes are associated with this Incident Statement	
	signing off
No Notes are associated with this Incident Statement NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed & Distribute	(
NOTE: Supervisors must review all reports for accuracy before	(
NOTE: Supervisors must review all reports for accuracy before Supervisor Review and Remarks: Reviewed & Distribute	ed
Supervisor Review and Remarks: Reviewed & Distribute Supervisor Name: Thomas Snower Title:	Staff Sergeant
Supervisor Review and Remarks: Reviewed & Distribute Supervisor Name: Thomas Snower Title: Signature: La Danuel Date:	Staff Segeant 3-9-18
Supervisor Review and Remarks: Reviews & Distribute Supervisor Name: Thomas Snower Title: Signature: Date: Routing List (Place an X next to those this report will be distributed)	Staff Secgeant 3-9-18 Ited to):
Supervisor Review and Remarks: Reviewed & Distribute Supervisor Name: Thomas Snower Title: Signature: La Danuel Date:	Staff Segeant 3-9-18 Ited to): Medical
Supervisor Review and Remarks: Reviews & Distribute Supervisor Name: Thomas Society Signature: Date: Routing List (Place an X next to those this report will be distributed by the MSP Duty Officer Security Major Unit Manager	Staff Sergeant 3-9-18 Ited to): Medical Maintenance
Supervisor Review and Remarks: Reviews & Distribute Supervisor Name: Thomas Snower Title: Signature: Date: Routing List (Place an X next to those this report will be distributed to the security Major	Shaff Secson+ 3-9-18 Ited to): Medical Maintenance Investigator's Office
Supervisor Review and Remarks: Reviews & Distribute Supervisor Name: Thomas Spouder Title: Signature: Date: Routing List (Place an X next to those this report will be distributed by the supervisor Major Control of the s	Staff Segeant 3-9-18 Ited to): Medical Maintenance Investigator's Office MCE
Supervisor Review and Remarks: Reviews & Distribute Supervisor Name: Thoms Snower Title: Signature: Date: Routing List (Place an X next to those this report will be distributed to the manager of the	Shaff Secson + 3-9-18 Ited to): Medical Maintenance Investigator's Office

EXHIBIT D EXHIBIT D

Page 1 of 1

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			RACT FACILITY:			BY
						5010 Z
			REPORT / NOTI		RING WAN 12	2010
	(Inj	MAJOR MAJOR	ures on this form must be		DICCIDL	MATAN
		MAJOR	MINOR [DISCIPLI	NARY
nmate Name	Whitford		Mall	100 Va Dad	ID# 3	15941
	Last name		Make First Na	me apec	1D#	10/1/
Date: 3/9/	7 Time: 12	Ann Place of	Incident: / //	11.1	116.7	
Room/Cell: //	Time: Of Housing Unit	1 114 - 1	Ioh Assignm	ent: acar	20-11 -001	
nfraction Number	(s) & Name(s) 42	07- Pactici	and in a dia ou	7979	7 unassigi	la na l
5-3-3-1-5-3-1-5-1-1-1-1-1-1-1-1-1-1-1-1-	10	(Inaulhanian	J manding	Llasina	ging others	70 Party
	421	2 - Will. 11.	Jane Fing g	37 70	o Reporting He	activity
	15	allan stan	ity satety	- campai	ng or siocking	WINCOW
		ormy secur	Try savery	GENICE!	<u> </u>	
Staff Witness: 1.			Other Inmates inv	volved 1		
2.			and the	2. —		
-						
Description of Vio	lation: (who, what, wh	hy, where, when a	nd how): On	the about	date and 1	ine T
Sal. Christ	ensey went to	U.S Harle	in / Had	10 Sam	le will	me -
Whilliam T	in whitford h	and Completel	· August 1	To spra	C WITH INN	ryte
See in his	coll and has	no la complete	soli a l'a	Swinde	V 30 10 3407	+ cour
Jee in his	cell and was	retusing to	return his .	break tas	+ yray TO S	taff. I
poke with	Nh. HOTE for a	L few mina	tes and he	informer	me he he	45 Standis
- poots + +	o dedvocato for	a better/mos	ne fain him	a conditi	ons son in	alk in
His locked	housing, I the	an internal	h.m. / h.A.	1.0 10	1:1 11 10	110
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REPORTING STA	FF MEMBER:	41. /hur	Musus-	54	Chaichien	
	7	(Print Nan	ne)	9	(Sign Name)	
upervisor Review	:					
		(Print Nan			(Sign Name)	
nmate Status:	Pre-Hearing Conf	inement	Release to Previou	s Status	☐ Other	
leason:						
			D			
c.)	for legibility, completeness, c	correctness of charge, and	to ensure all necessary inf	formation is attached	ed (evidence, incident/with	less reports,
Dsex	mouden	3/5/	18 9 XL			3/11/18
(Ship Supervis	or's Signature)	(Date)		Warden or Designe	e Signature)	(Date)
	Not	TICE OF HEARING/	PREHEARING ACT	TON		
1. Hearing Date: 3	his notice and have been inform	med of my right to attend	and present evidence at a	hearing.		
2. I understand the char-	ge(s)? Yes \ No (if no.	hrs. Plac verbally explain the char	ge(s) to the inmate)			- 1
3. I waive my right to a	hearing? Yes No (if yes	have inmate sign an Agr	eement/Waiver/Refusal for	orm)		
 Present evidence and Other pertinent notati 	witnesses on my behalf. Y	es No If inmate has w	itnesses, have him/her con	nplete a Witness Re	equest form	
		112 4 30 =				
understand, if four	nd guilty, I will be subje	ect to imposition of	the sanctions as out	lined in the ins	stitutional inmate	
iscipilnary operation		Contract to the second	the sanctions as out	the first of the same of the s	THE PROPERTY OF THE PARTY OF TH	
itnoccoc and with-	onal procedure. I also t	inderstand that by	refusing to sign I an	waiving my l	learing, my right to	
itnesses and witnes	ss statements, and my r	inderstand that by i	refusing to sign I an	waiving my l	learing, my right to	22/55
vitnesses and witnes	onal procedure. I also uses statements, and my r	inderstand that by right to an appeal.	refusing to sign I an	waiving my l	nearing, my right to	30155

Attachment B

MSP 3.4.1, Institutional Discipline

	MSP MWP CONTRACT FACILITY:	NS
	DISCIPLINARY HEARING DECISION	
Continuance gran	AND THE VIOLATION I I DO NOT UNDERSTAND THE VIOLATION - A	2-tampeingw
Reason:		
Plea: Guilty Inmate's Stateme	The supplied to the state of th	prepare a
Evidence Provide	ed: inflaction report	
Findings: Evidence Relied	Guilty of # 4207 4212 Not Guilty of # On: Infraction report	
For Sanction Pur	rposes:[Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 1	G + S
(Circle number of pr	rior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding	
Sanction(s):	evoke 15 days detention.	from 2.1.18
· ·	evoke 15 days detention. END 3:29:18	from 2.1.13
Sanction(s): R	evoke 15 days detention. END 3:29:18 5.00 fine etuto UMT	hil 1110
· ·	evoke 15 days detention. END 3:29:18 5.00 fine etuto UMT	his all a profest.
Reason(s) for find	evoke 15 days detention. 5.00 fine efecto unit dings: and attempted for to create.	his cell a profest.
Reason(s) for fine ADMINISTRATIVE I understand, that an appeal, I must Support the finding not proportionate	AREVIEW DATE AT I may appeal the decision of the Disciplinary Hearings Officer to the Vit submit a completed appeal form to the Disciplinary Hearings Officer woo APPEAL (Major decisions only) because (1) there is insufficient evideing; (2) applicable disciplinary procedures were not followed; (3) the safe to the rule violation(s). ISH TO APPEAL	Bom 2.1.18 his call a profest. 3.11.18 R/UNIT DISCIPLINARY TEAM Varden. In order to file ithin 15 days from today. Ince and documentation to

Attachment C

MSP 3.4.1, Institutional Discipline

	14.	RECEIVED BY
		MAD # 0 0000
STATE OF MOR	NTANA DEPARTMENT OF CORE	RECTIONS MSP 3.4.1
	P CONTRACT FACILITY:	DISCIPLINARY
MSPE MW	P CONTRACT FACILITY:	DIOON ENVIOLE
	Disciplinary Appeal	
	(major infractions only)	
Inmate's Name: Ohito Date: 3/14/19 Infraction(s): Disciplinary Hearing Decision: Inststructions: Document why one, 1. There was no evidence or document	rd, Makuelyapeen # 3 4207-Enc. Coor. Act; E Revoke 1.5 days det; \$25.0 two, or all three of the following apply and	3015941 1212-tampuingw ofine polyto lock submit it to the DHO or DHI.
1. There was no evidence of docume	entation to support the decision.	
2. Required disciplinary procedures		
I was given no F	ight to prepure a de	Leure, no notice
procedures		
3. The sanction(s) is excessive.		
or the balletich(b) to encessive.		
	34.1	
		The state of the s
Inmate Signature	3/14/18 Date	
W	ARDEN OR DESIGNEES RESPONSE	
Warden or designee:	ARDEN OR DESIGNEES RESTORGE	
Is there sufficient evidence and docur		YES NO NO
Is there substantial compliance with a		YES NO NO
Is the sanction(s) imposed proportion	ate to the rule violation(s)?	YES NO NO
Decision:	The state of the s	Application of the state of
	of the DHO and the sanction(s) imposed.	
Dismiss. I disagree with the ac	ctions of the DHO and dismiss the infraction	n.
☐ Modify. I uphold the decision	of the DHO, but the sanction(s) imposed sh	nall be:
reduced to:		
suspended for:		
XX. 144 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Written justification for the action		
THE NOCISION	OF THE DAD IS CORPE	SCOT
	7	
	100	210-0118
	Warden or Designee Signature	3120118 Date
		Daic
Copes to: 1. Records 2. Pr	arole Board 3. Housing Unit 4.	Inmate
	4.	ants An
		カーアン

			/ H	-127
	STATE OF MONTAN	A DEPARTMENT OF CORRE	CTIONS PEGEL	ED BY
		CONTRACT FACILITY:		2018 —
		CTION REPORT / NOTICE OF	HEARING	3
	(Information and MAJOR	staff signatures on this form must be legible) MINOR	DISCIPL	1594
Inmata Nama			ID# 3-	9.18
inmate Name:	Last name	Makuer pee First Name Place of Incident: LHU	10#	1063
Date: 3. 9. 18	Time: 1230	Place of Incident: <u>LH4</u>		
Infraction Number	s) & Name(s)	ا Job Assignment: ر	Nassignal 1999	79
	4208	In Solence		
	1 - 1 - 1 - 1			
Staff Witness: 1 2.		Other Inmates involved		
-				
		, when and how): on the		
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in the	ne A - Blown 5	alles Port W/ The	- Lour open	1
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un pre vol	to Suck	a ditk Thes	e comments	were
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5				-
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		7		
REPORTING STA	FF MEMBER: George	e Smith	Here In	7
Supervisor Review	51.1	(Print Name)	(Sign Vame)	1
Supervisor Review	2	(Print Name)	(Sign Name)	
Inmate Status: Reason: Ace	Pre-Hearing Confinement	Release to Previous Status	S □ Other	
I have reviewed this report	for legibility, completeness, correctness of	charge, and to ensure all necessary information	is attached (evidence, incident/witne	ess reports,
etc.)	Snowher	315/18		1
(Shirt Supervis	or's Signature)	(Date) (Warden or	Designee Signature)	(Date)
	his notice and have been informed of my rig	EARING/PREHEARING ACTION that to attend and presentlevidence at a hearing.		
1. Hearing Date: 2. I understand the char				-
4. Present evidence and		sign an Agreement/Waiver/Refusal form) mate has witnesses, have him/her complete a W	itness Request form	
5. Other pertinent notati	ions:	made given co	160	
		osition of the sanctions as outlined in I that by refusing to sign I am waivin		
	ss statements, and my right to an		V///	
_ ^ 30	(Staff Signature)	(Date & Time)	(Inmate's Signature / ID#)	

Attachment B

MSP 3.4.1, Institutional Discipline

MS	STATE OF MONTANA DEPARTMENT OF CORRECTIONS SP MWP CONTRACT-FACILITY:
e	DISCIPLINARY HEARING DECISION
Inmate's Name: Infraction Number(s)	1200 11.300.10
T DO UNDERSTAND Continuance granted Reason:	
Plea: Guilty	□ Not Guilty , Other:
Inmate's Statement:	Inmate plead guilty
Evidence Provided:	infraction report
Findings: Gui Evidence Relied On:	Ity of # 4208, Not Guilty of #
	at 2
	s:[Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: ity decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Reason(s) for findings MONOVOE MONOVOE NEULING	Litoward Stall Offendu Sewing near
ADMINISTRATIVE REVI	DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I m an appeal, I must sub I DO WISH TO AP	hay appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file mit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. PEAL (Major decisions only) because (1) there is insufficient evidence and documentation to 2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are the rule violation(s).
Copies to: Records (W	

Attachment C

MSP 3.4.1, Institutional Discipline

Investigator Comments:-	· · · · · · · · · · · · · · · · · · ·		
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Investigator:	Page	I	Date: 3-13-18

EXHIBIT D EXHIBIT D

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					1)	INF
3			RTMENT OF COR		RECEIV	UA4
			CT FACILITY:		JAN 31	2010
			EPORT / NOTICE s on this form must be legible			2010
		MAJOR NAJOR	MINOR _	le)	DISCIPLI	NARY
Inmate Name:	Whitful.	Makucey	a pec First Name		ID# 30/5	5941
					4	
Room/Cell: UA-0	Housing Unit:	LHUI	Job Assignment:	ynass, me	el 999	999
Infraction Number(s)	& Name(s)			The second second		,,
Staff Witness: 1. DH	-		Other Inmates involv			
2	O Karla Ilie			2.		
	ion: (who, what, why,		(how): 04 H	,	1.	
	I was			e above	diffe	201
on innetes				erving I/N	1 white	actions
He began	yelling 9+ 1	ne. on	more than		casion h	e
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1 11	at me. 41	The refus	ed to do	30 q	ul Con	tinuel
301.	10 7.0.	-				
REPORTING STAFF	MEMBER: 6	erro Sm	1+4	March		
		(Print Name)		(Sign	Name)	
Supervisor Review:		(Deint Name)				
Investo States	7 D II ' C C	(Print Name)			Name)	
	Pre-Hearing Confine		elease to Previous St	atus	Other	
I have reviewed this report fo	r legibility, completeness, corre	ectness of charge, and to	ensure all necessary informa	ation is attached (evidence	e, incident/witness	reports,
SS5 112 /a	-	_1/30/18	3			1 1
(Shift Supervisor's		(Date)	(Warde	en or Designee Signature	e)	(Date)
I have received a copy of this	NOTIC	E OF HEARING/PR	EHEARING ACTION	l ng		
Hearing Date: I understand the charge()	Time:	hrs. Place:_bally explain the charge(s	CHUI	····5·		
3. I waive my right to a hea	aring? Yes No (if yes, ha	ve inmate sign an Agreen	nent/Waiver/Refusal form)	1	1	
 Present evidence and with 5. Other pertinent notations 	tnesses on my behalf. Yes	No If inmale heaving	ses hay him her complete	Wynes Regules From	led	
	guilty, I will be subject	to imposition of the	sanations as auti-	d in the institut	al immate	_
disciplinary operation:	al procedure. I also und	lerstand that by ref	using to sign I am wa	u in the institution	my right to	
withesses and wings	statements, and my righ	it to an appeal	ACCO		, , , , , ,	
Munning	Staff Signature)	_ 46/18/	fr Time)	Ketused	otlor VIII	_

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF WASNITANA DEPARTMENT OF CORNECTIONS MSP WWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: Whitford, Nakyeeyapee # 301594/Date: 2.7.18
Infraction Number(s) & Name(s) LOUNDERSTAND THE VIOLATION I DO NOT UNDERSTAND THE VIOLATION ADDITIONAL ACTION TAKEN Continuance granted to Date: / By: Reason:
Plea: Guilty Not Guilty A other: Refused to Sign in fraction Inmate's Statement:
Evidence Provided: MYachon Veport
Findings: Guilty of # 4235/4208 Not Guilty of # Evidence Relied On: Upout
For Sanction Purposes: Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use:
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 3000000000000000000000000000000000000
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe (not each rule violation). Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 days altern 400, 85 90 days Refund Sewing man Gellentou HML
(Circle number of prior guilty decisions within the timeframe (not each rule violation). Find grid level to use by adding current & prior guilty decisions). Sanction(s): 20 days altern from; SS 90 days Resource Sewing Man Gellention from Reason(s) for findings: Offender the haum Staff tubled vulgar language four autous language for hours Chandle ulfused to sleep, and action language for hours The haum of the haum of the hours of the hours The hauf action in the hours of the hours of the hours The hauf action is a finding of the hours of
Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 days alternative review/date Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 30 days alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative review decisions within the timeframe [not each rule violation]. SS 90 days Alternative rule rule violation [not each rule violation]. SS 90 days Alternative rule rule violation [not each rule violation]. SS 90 days Alternative rule rule violation [not each rule violation]. SS 90 days Alternative rule rule violat
(Circle number of prior guilty decisions within the timeframe (not each rule violation). Find grid level to use by adding current & prior guilty decisions). Sanction(s): A CALL ALL ALL ALL ALL ALL ALL ALL ALL

Attachment C

MSP 3.4.1, Institutional Discipline

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		A DEPARTMENT OF		RECEIVED	NUHY
M	ISP ✓ MWP	CONTRACT FACILITY:_		www and for	0/
DISC	IPLINARY INFRAC	CTION REPORT / NOT	TICE OF HEARI	AC JAN 29 SUI	/
	(Injormation and)	stall signatures on this form music	e legiole)		
		MINOR MINOR		DISCIPLINA	
Inmate Name: Whi: Date: 1-28-18	t-ford	Mak	veryaper	E ID# 301	5941
Las Las	st name	First N	Vame O		
Date: 1-20-18	Time: 1455 I	Place of Incident: LHV	1 LA SM	ower	
Room/Cell: LA Ho Infraction Number(s) & Name	ousing Unit:	Job Assign	ment: 99447		
Infraction Number(s) & Name	(s) 4235-Th	reatening Sto	4		
	-				
	-				
Staff Witness: 1.	A	Other Inmates i	nvolved 1.	/A	
2.			2.		
				. t	
Description of Violation: (who	o, what, why, where,	when and how): ()n	he above ti	me and do	ite.
I, sqt. Machley,	was show	ring A-Block.	I was cal	led over -	
Shower Jim Wh	itman was	5 occupuing	the show	r. Ho sta	arted
talking about H	ow I shou	d avoid The	1 Securiti	, Jech Sn	yth.
I then asked him	n why. He =	aid that 5.7.	Smith M	sty was t	the_
reason he Was a				te then u	ent
on to say I'm go			055 9000		
matter how -	Long Long	it takes. I.	t could to	Ke year	5.
I don't matte	CENTO	+ Kepert-			
		1 . 1	0	1100	1
REPORTING STAFF MEME	ER. Sa-	+ Wachlar	ala	VVIail	1
REFORTING STAFT MEME	- 39	(Print Name)	- sug i	(Sign Name)	
Supervisor Review:		,	0	(2	
		(Print Name)		(Sign Name)	
Inmate Status: Pre-He	earing Confinement	☐ Release to Previ	ous Status	Other	
	ly on PHC			-	
	/ -			J	
I have reviewed this port for legibility, etc.)	completeness, correctness of	charge, and to ensure all necessary	information is attached (evidence, incident/witne	ss reports,
Momes (1	ne	1 28 18			1 1
Shift Supervisor's Signature)		(Date)	(Warden or Designee S	gnature)	(Date)
I have received a constability of		EARING/PREHEARING A			
I have received a copy of this notice and	Time: W	rs. Place:	t a nearing.		
2. I understand the charge(s)?	es No (if no, verbally opl				
2.1		ain the charge(s) to the inmate).			-
 I waive my right to a hearing? Ye Present evidence and witnesses on r 	es No (if yes, have inmate	sign an Agreement/Waiver/Refusa	d form)	est form	-
3. I waive my right to a hearing? Yes. 4. Present evidence and witnesses on a property of the pertinent notations: 5. Other pertinent notations:	es No (if yes, have inmate ny behalf. Yes No If in	sign an Agreement/Waiver/Refusa mate has witnesses, have him/her	d form) complete a Witness Requ	est form	
Present evidence and witnesses on r Other pertinent notations:	Ref Section	sign an Agreement/Waiver/Refusa	complete a Witness Requ		_
 Present evidence and witnesses on r 	will be subject to impo	sign an Agreement/Waiver/Refusa	outlined in the institu	tutional inmate	_
Present evidence and witnesses on n Other pertinent notations: I understand, if found guilty, I	will be subject to impolure. I also understand	sign an Agreement/Waiver/Refusa mate has witnesses, have limber osition of the sanctions as of I that by refusing to sign I	outlined in the institu	tutional inmate	_
Present evidence and witnesses on no 5. Other pertinent notations: I understand, if found guilty, I disciplinary operational proceeds.	will be subject to impo lure. I also understand its, and my right to an	sign an Agreement/Waiver/Refusa mate has witnesses, have limber osition of the sanctions as of I that by refusing to sign I	outlined in the instit am waiving my hea	tutional inmate	_

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP Contract Facility:
DISCIPLINARY HEARING DECISION
Inmate's Name: WhitfOrd, Wakullyapo #30159411 Date: 2.1.18
Infraction Number(s) & Name(s) 4235-4000000000000000000000000000000000000
Plea: Guilty Not Guilty Pother: Refused to be Sewed
Inmate's Statement:
Evidence Provided: Un Liasting 10001 t
Eindings Desite of 11005
Findings: Guilty of # 4235
The state of the s
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 (5) Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 15 days althrition 83 90 days
Reason(s) for findings:
NOW IN THE STEP TO THE RESIDENCE TO THE TOTAL TO THE
Du veliou Je Hi a may and interpret time.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ADMINISTRATIVE REVIEW DATE USSCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM Lindowstand that I may a real the design of the Division Officer at the New Advance of the Division of the Division Officer at the New Advance of the Division Officer at
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Inmate's Signature / ID#: Hetused to Sign invaction / CX
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

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STATE OF MONTANA DEPARTMENT OF CORRECTIONS



MSI	MWP CONTRACT FACILIT	ΓΥ:	JAN 28 2018
DISCIP	INARY INFRACTION REPORT / I	NOTICE OF HEARIN	
	(Information and staff signatures on this form MAJOR MIN		DISCIPLINARY
Inmate Name: Whisto	Makueeyapee F		ID# 30/5941
Last r	ime F	irst Name	· M.
Date: 1.25.18 Tir	e: apone 1030 Place of Incident: L ng Unit: Llfu / Job As	-Hul St	2000
Room/Cell: 14-07 Hous Infraction Number(s) & Name(s)	ng Unit: 21747 JOB AS	ssignment. Un 99	777
intraction (vulnoer(s) & (valne(s)	41236 ahreatens	n Ch. al	
	4303 - Insalen	y Jan.	
	- DIBOICH		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Staff Witness: 1. 2.	Other Inma	ites involved 1.	
2		2	
Description of Violation: (who	what, why, where, when and how):	no the	La sole
and time I/M		at me	above date
1		Solit an	WAS CHOOL
to assault me	bite MP Ty	inhile Coord	Made Several
threats to b	can my sail VII	me He	also made
C. threat	but my Panite	to harm t	hem T/M
Whit Good Yeller	to the Innates	to to the	BLOCK " Grapes
Light South		id enough.	for the inner
on the blocks	to hear	Care again	1 1 1 1 1 1 1 1 1
01.	1,000		
REPORTING STAFF MEMBER	: George Smith	Low	Sol
REFORTING STATE WEIGHDE	(Print Name)	0/60	(Sign Name)
Supervisor Review:	Dst. Carolen	Son Ou	Sh)
	(Print Name)	7	(Sign Name)
	ng Confinement ☐ Release to P	Previous Status	☐ Other
Reason: Security threat	Sec. G.		
	pleteness, correctness of charge, and to ensure all nece	essary information is attached	whence incident/witness reports
	_		
etc.) (Shift Supervisor's Signature)	1/25/18	(Warden Dari	
on or before	NOTICE OF HEARING/PREHEARIN	(Warden of Designee St	gnature) (Date)
I have received a copy of this notice and have	been informed of my right to attend and present evide		
1. Hearing Date: 1/30/18	Time: Any hrs. Place: 240/	44)	
3. I waive my right to a hearing? Yes	No (if no, verbally explain the charge(s) to the inma No (if yes, have inmate sign an Agreement/Waiver/F	Refusal form)	
4. Present evidence and witnesses on my	ehalf. Yes No If inmate has witnesses, have hir	m/her complete a Witness Reque	est form
	Copy lost in sot office		
	be subject to imposition of the sanctions		
disciplinary operational procedur	. I also understand that by refusing to si	ign I am waiving my hea	ring, my right to

Attachment B

(Staff Signature)

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORLECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MINOR
Inmate's Name: Whitford, Makueeyapee, ID# 3015941 Date: 1.30.18
Infraction Number(s) & Name(s) 4235 - Hoventening 14303-1000 lence
☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: / By:
Reason:
Plea: Guilty Not Guilty Dother: Wayed neong
Inmate's Statement:
Evidence Provided: 10001 11001
Evidence Provided: 1ntraction report, uncident reports,
Findings: Guilty of # 4235 4108 (4111) - Not Guilty of #
Evidence Relied On: infraction report, incident reports
raracion sepocificación cupoco
+ D
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 S) Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): BOdays alternia
END 3.1.18
REFUERO WAT
Reason(s) for findings:
made the actorian lima by to the 100 of
Oftan of a to a start to the office of the
1 MINTO TO ASSAULT SUIT ATTENDE DUUTO
1/21/18 Ch CONTINUE 1.30.18
ADMINISTRATIVE REVIEW DATE SISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
TDO NOT WISH TO APPEALS
Inmate's Signature / ID#: Walled Rearing
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline



State of Montana DEPARTMENT OF CORRECTIONS USE OF FORCE INFORMATION SHEET

OFFENDER INFORMATION

Offender Name: WHITFORD MAKERIADES ID#: 3015941 Unit HOT Customate Code: D American Indian Asian Black White Hispanic Other	dy: M	lax
Date of Incident 25 8 Time of Incident: 030 Incident: 1 Incident		
Administrator Notified?: \(\text{Yes} \) \(\text{No} \) \(\text{Videotaped?} \) \(\text{Yes} \) \(\text{No} \) \(\text{Date Notified:} \) \(\text{Ves} \) \(\text{Vimeons Notified:} \) \(\text{Ves} \) \(\text{Time Notified:} \)		18.4
On-Scene Medical Staff: Time Notified	i:	
Medical Evaluation Completed?: \(\sqrt{Yes} \) No \(\text{By:} \) \(\sqrt{Ni \sqrt{Se}} \) \(\text{Ni \sqrt{Se}} \)	head	RN
Reporting Shift M.		
1	_	
Level of Force Applied Physical Force/Self Defense Level of Force Applied Reason for Force Self Defense Defense Defense of another	<u>:e</u>	
Restraints Whiteness of Security		
OC Prevention of a Crime		
Chemical Agent Prevention of Suicide/Self Mutilation	n	
☐ Batons ☐ Prevention of Escape ☐ Distraction Device ☐ Destruction of Property		
Conductive Energy Devise		
□ SIMS		
a		
Emiles Marshan R.N. Carl Cons. Co.	. /	<u>t Filed</u>
	Yes Yes	□ No
TRENOL CARDIN SOT. KORY Ryan Co.	☑ Yes	□ No
IMAN HADENIN C.O.	∫ Yes	□ No
Déonge Smith 5.T.	☑ Yes	□ No
BOST, PALMER C.O.	☐ Yes	□ No
Offenders Involved		
<u>Ojjenuora nivorveu</u>		
	☐ Yes	□ No
· · · · · · · · · · · · · · · · · · ·	☐ Yes	□ No
	☐ Yes	□ No
<u>Victims or Others Involved</u>	•	
	□ Yes	□ No
	□ Yes	□ No
	~	- NO

DOC 3.1.8, Use of Force and Restraints (Attachment), Use of Force Information Sheet - Revised 11/30/11 - Page 1 of 1



		Statement	of inciden	t	
				Statement #:	8023
Title: Whitford			10:30 AM	`Statement Date:	01/25/2018
Incident Date:		Incident Time:	10:30 AW	Otatement 20101	•
Jurisdiction:	Montana State Pri	son			
ncident Scen	ie <u> </u>				
Incident Occu	rred at Facility?	Yes			\frac{r}{}
Location: Mo	ntana State Prisor	ı/Maximum Security/L	ocked Housin	g Unit 1/Security Tech Smith's C	mice
Summary of I	ncident		·	re escorting Inmate Whitford, M #	
removed and s while in his offi and ST Smith and told Smith "you are done got out of his of ST Smith and office in the ha Palmer. Inmate you better hop ass bitch!" "No	still have the belly of ice." When we got told him "you don't "you are nothing le in here, go back to chair and was walk spat in his directionall while myself and the Whitford began to be I don't get out. I progray, green light ford was taken to A	chains on while review in the office, Inmate V to need the cuffs off to rout a low life punk asso your house." CO Palking around his desk to an and lunged toward to yelling "You're nothing will find your family ar	Whitford turned review the file is bitch and I had been assist in escapitation. ST Sm estrain him ure but a punk a had kill them all mith!" At this a cell. I grabb	nitford asked if he could have his told him "that is up to ST Smith's d to CO Palmer to have his cuffs." At this point Inmate Whitford gate dealing with you." ST Smith the Whitford arm to escort him and storting Whitford when Whitford tunith took Whitford to the ground outil SGT Cardin responded and responded	removed got upset old Whitford Smith then ned toward utside of his elieved CO you Smith, just a punk arrived in the
Involved Per					
Category	Person	Na	rrative		<u> </u>
Staff	Cardin, Trevor			, 	
Staff	Palmer, Dustin				
Staff	Cross, Cody	. T.	,		
Staff	Smith, George				
Staff	Anderson, Ryai	n Es	corting office	r in LHU1	
Source and	Documentatio <u>n</u>				
	Informant: No				•
Information S	Source: Offender	r - Whitford, Makueeya	apee 3015941		
Reporting St	1.			Title: Correctional Officer	•
Signature:	26 Land	USa-	<u></u>	Date: <u>/-75-18</u>	
Notes.					
	associated with the	nis Incident Statement	t		
NOTE: Supe	ervisors must re	eview all reports fo	r accuracy l	pefore signing off	
Supervisor I	Review and Rema	arks:			
		•			
				<u></u>	
Note: This state	ment of incident may	be the only statement of	the described ir	cident, or it may be one of several. Al	l statements of

this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 11:50 AM

Page 1 of 2



Statement of Incident

Title: Whitford Use of Force		•	Statement #:	8023
Incident Date: 01/25/2018	Incident Time:	10:30 AM	Statement Date:	01/25/2018
Jurisdiction: Montana State Pr	ison			•
		<u> </u>		
•	.* 			
Supervisor Name:		Title:	· · ·	·
Signature:	·	: Date:		·
Routing List (Place an X nex	t to those this repo	ort will be distributed	to):	
Helena Office		urity Major	Medical	
MSP Duty Officer	Unit	Manager	Maintena	ince
Warden or Designee	Con	nmand Post	Investiga	tor's Office
Deputy Warden	Inm	ate Records File	MCE .	
Associate Warden	Inm	ate Unit File	Safety C	ommittee
Other				

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 11:50 AM

Page 2 of 2



Statement of Incident

Title: Whitford Us	se of Force			Statement #: 80
Incident Date:	01/25/2018.	Incident Time:	10:30 AM	Statement Date: 01/25/20
Jurisdiction: Mo	ntana State Prisor	n		
Incident Scene				
Incident Occurre	d at Facility? Ye	es		
Location: Monta	na State Prison/N	laximum Security/l	ocked Housing L	Init 1/Security Tech Smith's Office
Summary of Inc				
upon arrival to set file. Smith informe Smith (you are a to grab inmate Wi apply use of force the ground inmate family" "Norquay Whitford to his fee "you're a punk as	curity tech Smiths ad Whitford that he dumb punk ass bi hitford's arm to est and took whitford the then began to th green light Smith, at and escort him s bitch I will kill vo	e didn't need his cuitch) Smith informe cort him and Whitfe it to the ground. my reaten officer Smit green light smith."	off to look at red whitford that he ord then turned at self and officer A h. "you are a pun LT Lamb and CF te Whitford continued to the catch	e his handcuffs removed to look at his is file. That is when inmate Whitford to be will be returning to his cell. Smith were did tried to spit at Smith. smith then had nderson assisted in use of force. once k ass bitch" "I will fucking kill you and y T Zuber arrived in the unit, helped lift nued to threaten officer smith by saying you on the outside." Upon removal of least the saying the saying and the coutside.
Involved Person				· .
	Person		ırrative	
	Anderson, Ryan		ficer on scene	
Staff S	mith, George	S1	on Scene	
Staff C	Cross, Cody	Sa	itellite cage office	
Staff	Cardin, Trevor		IU 1 SGT/Respon	nded to call
Source and Dog	cumentation_	·	<u> </u>	
Confidential Info		٠.		
Information Sou	ırce: Offender - V	Vhitford, Makueeya		
Reporting Staff:	Palmer, Du	stin	Tit	le: Correctional Officer
Signature:	7	7	Da	ite: <u>1-25-</u> 18
Notes				
No Notes are ass	sociated with this l	Incident Statement		
NOTE: Supervi	sors must revie	w all reports fo	r accuracy befo	ore signing off
Supervisor Rev	iew and Remarks	s:		
Supervisor Nam	ne:		II	tle:
	_			ite:
Routing List (P	lace an X next	to those this rep	ort will be dist	
Helena	Office	Se	curity Major	Medical
Note: This statemen this incident will be	t of incident may be collected and combine	the only statement of ned into a single incid	the described incide ent report.	nt, or it may be one of several. All statement
Drintade 01/25/2018 (ര 11∙29 AM	Pac	re 1 of 2	Original - 09/14

EXHIBIT D EXHIBIT D



. Statement of Incident

Title: Whitford Use of Force Incident Date: 01/25/2018 Jurisdiction: Montana State Prison	Incident Time:	10:30 AM	Statement #: Statement Date:	8019 01/25/2018
MSP Duty Officer Warden or Designee Deputy Warden Associate Warden Other	Com	Manager Imand Post ate Records File ate Unit File	Maintena Investiga MCE Safety C	tor's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 11:29 AM



Statement of Incident

Title: Whitford #3015941			Statement #:	8025
Incident Date: 01/25/2018 Incident	dent Time:	10:40 AM	Statement Date:	01/25/2018
Jurisdiction: Montana State Prison		•		
Incident Scene	ı			
Incident Occurred at Facility? Yes		-		
Location: Montana State Prison/Maximu	ım Security/S	T. Smith's office	and east side hallway	
Summary of Incident				·
while breaking out the satellite cage C/O cell into ST. Smiths office shortly after, he command post and told SSG Larson and Whitford then around 1049 CPT. Zuber el assisting staff took I/M Whitford through the staff after that. EOR	was on taker the Main cago ntered the bui	n to the ground by e that there was a lding to assist the	y the C/O's in the hallway, I o a use of force taking place wi e C/O's. Around 1050 C/O's a	alled th I/m and the
Involved Persons				
No Individuals are associated with this Ind	cident Statem	ent		
Source and Documentation		•		
Confidential Informant: No				
Information Source: Staff - Cross, Cod	у		•	
Reporting Staff: Cross, Cody		Title	e: Correctional Officer	
Signature:	3	Date	e: 1-25-18	
Notes			, <u> </u>	<u> </u>
No Notes are associated with this Inciden	t Statement	·-		
•		befor	o signing off	
NOTE: Supervisors must review all	reports for	accuracy beloi	e signing on	•
Supervisor Review and Remarks:				
			· · · · · ·	
Supervisor Name:		Title	e:	
Signature:		Date	e:	
Routing List (Place an X next to tho	se this repo	rt will be distri	buted to):	
Helena Office	Secu	irity Major	Medical	
MSP Duty Officer	Unit	Manager	Maintena	ince '
Warden or Designee	Com	mand Post	Investiga	tor's Office
Deputy Warden	Inma	te Records File	MCE	
Associate Warden	Inma	ite Unit File	Safety C	ommittee
Other				
•				
Note: This statement of incident may be the only		•		

Printed: 01/25/2018 @ 12:20 PM

Page 1 of 1



Statement of Incident

Title: Whitford					Statement #:	802
Incident Date:	01/25/2018	Incident Time:	10:30 AM	•	Statement Date:	01/25/2018
Jurisdiction: M	ontana State Pris	on				•
ncident Scene		•				
Incident Occurr	ed at Facility? Y	'es				

Location: Montana State Prison/Maximum Security/Security Tech office in LHU1

Summary of Incident

On the above date and approximate time, I/M Whitford was brought to my office to review his file. He wanted his handcuffs off. I informed him that they would not be removed. He got upset and in a very angry and aggressive voice said, "Fuck you Smith". At this time, I let him know that his review was over. I stood up to begin to escort him back to his cell. At this time Inmate Whitford charged at me in a aggressive way to attempt to assault me. CO Anderson, CO Palmer and I attempted to stop him and stop him and take him to the floor to gain control over him. During this time Inmate Whitford made a hocking motion/noise with his mouth as if he were to spit on me. I moved my hand to his chin area to change to direction of his mouth, to prevent him from spiting on me. When my hand when to the chin area Inmate Whitford attempted to bite my hand. Once Whitford was secured and on the floor a spit hood was placed on his head. Sgt Cardin and other floor officers then arrived to help. The C.P. was notified and it was decided to not move Whitford until other staff arrived. Whitford was yelling and threatening me the entire time. He said that he would kill me. He told me several times that "you better watch your back" and "you are a punk, Smith". These threats were made several times. Whitford yelled at the top of his voice to the inmates on the block "Green Light Smith", he yelled this several times loud enough for the Inmates on the block to hear. Whitford began chanting a song, singing about "warrior boy".

When Lt Lamb and Captain Zuber arrived Inmate Whitford was taken to a cell on A-Block and placed on a BMP. During the escort to A-Block Whitford continued to yell threats of bodily about me. Once in the cell on A-Block Whitford continued to yell threats toward me. I was not near the cell and was trying to stay out of sight once he was in the cell. This was to try and keep Whitford from escalating more. Whitford yelled "you better hope I never find out where you live, I will get you and your family."

Involved Persons

Category	Person	larrative	
Offender	Whitford, Makueeyapee -		
	3015941		
Staff	Cardin, Trevor		
Staff	Palmer, Dustin		
Staff	Anderson, Bryon Ryan		
Staff	Lamb, Christopher		
Staff	Ryan, Kody		
Source and D	ocumentation		
Confidential In	formant: No		
Information Sc	urce: Staff - Smith, George		
Reporting Staf	f: Smith, George	Title: Correctional	Officer
Cimmatuura	el Sur	Date: /-29	-18
Signature:	Herre My	Date:	10
Notes .			<u> </u>
No Notes are as	ssociated with this Incident Stateme	it	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 12:56 PM /

Page 1 of 2



Statement of Incident

Title: Whitford	,			Statement #	8021
Incident Date:	01/25/2018	Incident Time:	10:30 AM	Statement Date	: 01/25/2018
Jurisdiction: M	lontana State Pri	son .			
NOTE: Supervi	sors must revi	iew all reports for	accuracy before	igning off	
Supervisor Rev	iew and Remark	ks:			
Supervisor Nan	ne:	<u> </u>	Title: _		
Signature:			Date: _		
Routing List (P	lace an X next	to those this repo	rt will be distribu	ted to):	
Helena	Office	Secu	rity Major	Medical	
MSP Do	uty Officer	Unit	Manager	Mainten	ance
Warden	or Designee	Com	mand Post	Investiga	ator's Office
Deputy	Warden	Inma	te Records File	MCE	
Associa	ite Warden	Inma	te Unit File	Safety C	ommittee
Other		•			

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 12:56 PM

Page 2 of 2



Statement of Incident

Title: I/M Whitford, M #3015941

Statement #:

8035

Incident Date:

01/25/2018

Incident Time: 10:30 AM Statement Date: 01/25/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/LHU-1, East side hallway, by the case managers office.

Summary of Incident

On the above date and approx. time I(Sqt. Cardin) was notified by the cage that they needed assistance in the case managers office. When I made my way over to the case managers office I saw that S.T. Smith, C.O. Palmer, and C.O. Anderson had I/M Whitford on the ground restraining him. When I helped assist in gaining compliance on I/M Whitford, he was was attempting to bite S.T. Smith who was controlling the upper torso. I was going to asses the situation and move I/M Whitford when he was calm to a hard cell, but I/M Whitford was still escalated and unwilling to listen. At that time I instructed an officer to call command post and requested assistance in moving I/M Whitford. While maintaining control on I/M Whitford he was continuing to threatening S.T.Smith by saying "Fuck you Smith" and "I am going to fucking kill you". I/M Whitford also stated that "You better hope I don't get out and find your family. I'M going to fucking kill them and fucking kill you". I/M Whitford then yelled for other inmate to green light Smith. I/M Whitford then yelled I/M Norquay name saying "Norquay green light Smith". I/M Whitford started chanting a song and singing "warrior boy" When Cpt. Zuber and Lt. Lamb arrived to LHU-1. We then escorted I/M Whitford to LA-3. While escorting I/M Whitford he was continuing to threaten S.T. Smith and yell profanity at him. When we got I/m Whitford into the cell I then cut off I/M Whitford clothes and it was discovered that we had to move him out of that cell into another cell. Once we got him into LA-7 I.P.S. came onto the block to secure I/M Whitford. I then had all LHU-1 officers start there incident reports.

I then had two officers go and roll up I/M Whitfords property. I instructed the officers to take the rubber mallet and to do a search of I/M Whitford cell and to especially look for any STG related material in his property. The officers reported back after rolling up his property that they found several materials of STG material.

I called the infirmary at approx. 1100 to report a use of force. When the nurse arrived I escorted the nurse to I/M Whitford cell. The nurse assessed I/M Whitford and "cleared" I/M Whitford, While I was at I/M Whitfords cell door I/M Whitford said " I don't fucking care anymore I got a lot of time and I am going to start showing you fuckers what I can do". I/M Whitford also said " Mark my word if I ever get around Smith I am going to take him out. It don't matter when or where but I am going to get him". E.O.R.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee -	•
Staff	<u>3015941</u> Palmer, Dustin	
Staff		
	Anderson, Ryan	
Staff	Ryan, Kody	
Staff	Cross, Cody	
Staff	Smith, George	·

Source and Documentation

Confidential Informant: No

Information Source: Offender - Whitford, Makueeyapee 3015941

Reporting Staff: Cardin, Trevor

Title: Correctional Officer Sqt

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 12:59 PM

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Statement of Incident

Title: I/M Whitford, M #3015941				Statement #:	8035
Incident Date: 01/25/2018	Incident Time:	10:30 AM		Statement Date:	01/25/2018
Jurisdiction: Montana State Pr	ison				
			-		
•					
Signature: 1 Con	in	Date:	<u> 1-2</u>	5-17	·
Notes	·				
No Notes are associated with this	s Incident Statement				
NOTE: Supervisors must rev	iew all reports for	accuracy before	signin	g off	
Supervisor Review and Remar	ks:				
Supervisor Name:		Title:			
Signature:		Date:			
Routing List (Place an X nex		•	uted to): .	
Helena Office	Secu	ırity Major		Medical	
MSP Duty Officer	Unit	Manager		Maintena	ince
Warden or Designee	Com	mand Post	•	Investiga	tor's Office
Deputy Warderi	Inma	te Records File		MCE	•
Associate Warden	Iņma	te Unit File		Safety Co	ommittee
Other				•	

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 12:59 PM

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Statement of Incident

Title: Makueeyapee Whitford AO#30	15941 Use of for	ce	Statement #:	⁷ 8031
Incident Date: 01/25/2018 In	ncident Time:	11:20 AM	Statement Date: 01/2	25/2018
Jurisdiction: Montana State Prison		•		
Incident Scene	8	•	1	
Incident Occurred at Facility? Yes		_	•	
Location: Montana State Prison/Max	imum Security		•	
Summary of Incident		·		
On the above noted date and approxim Whitford AO#3015941. Sgt. Cardin sta and was taken down to the ground whi appropriately. Oriented to person, plac concerns. Approximately 1 inch superwrists: Bruising and superficial abrasic REPORT.	ated that I/M Whi le handcuffed. I/ ce and time. Una ficial abrasion no	tford "attacked" Secu M Whitford standing able to perform furthe ited on top of head.	nty Tech George Smith in his at window in cell, follows com r nursing assessment d/t secu States pain and numbness in i	office mands urity both
Involved Persons			** * *	
No Individuals are associated with this	Incident Stateme	ent	•	
Source and Documentation	•			
Confidential Informant: No			· · · · · · · · · · · · · · · · · · ·	
Information Source: Offender - Whit	for d, Makueeyap	ee 3015941		
Reporting Staff: Movehad Tauck, Emilee			egistered Nurse	
Signature: Jumles Mu	mlusoln	Date:	1/25/18	
Notes			, [,
No Notes are associated with this Incid	lent Statement			
NOTE: Supervisors must review a	all reports for a	accuracy before s	igning off	
· · · · · · · · · · · · · · · · · · ·			<u></u>	· · ·
Supervisor Review and Remarks: _			• •	
·			i.	
Supervisor Name:		Title: _		
Signature:		Date:		
Routing List (Place an X next to the	nose this repo	rt will be distribut	ed to):	
Helena Office	Secu	rity Major	Medical	
MSP Duty Officer	Unit I	Manager	Maintenance	•
Warden or Designee	Comr	mand Post	Investigator's	Office
Deputy Warden	Inma	te Records File	MCE	
Associate Warden	Inma	te Unit File :	, Safety Commi	ittee
Other			e T	
Note: This statement of incident may be the or this incident will be collected and combined in			may be one of several. All statem	ents of
Printed: 01/25/2018 @ 12:36 PM	Page 1	•	Original - 0	9/14/2016

EXHIBIT D EXHIBIT D

				LAI
			CORRECTIONS	RECEIVED BY
	STATE OF MONTA	ANA DEPARTMENT OF	CORRECTIONS	1/2
-	MSP MWP	CONTRACT FACILITY:_		JAN ECONIS 2
1	DISCIPLINARY INFI	RACTION REPORT / NO	TICE OF HEARIN	
		and staff signatures on this form must		
		OR MINOR		DISCIPLINARY
	1 1 - 1			A 70 A 70 A 70 A
Inmate Name:	Whitford	Make	reader	ID# 3015941
_	Last name	First	Name	
Date: 1-25-1		Place of Incident:	(1) 1) F7	
Room/Cell: UF2	Housing Unit: L	L. J Joh Assign	ment 9990	
miraction Number(s	s) & Name(s)	StG Activity		
	4			
				-
Staff Witness: 1.		Other Inmates	involved 1.	
2			2	
			1 .	
Description of Viola	ation: (who, what, why, who	ere, when and how):	hile packs	ing up Im
Whiterd #3	05941 property	as instructed	By the	mit 56t
the other	Cla's and I	ound Several	sta relita	Joaner ichuding
Ather 1/2 1	De Marco	the gang th	JIC) ICIAL E	
Cine Ins	1 1 1 1	The Said In	TH	
		one with other	Sit gaine	red as much
as I could	and notifie	of the unit	- 5617.	~
				=
				- 1
		- 0	/	1/60
REPORTING STAI	FF MEMBER:	2088	1 m	
) I C-	(Print Name)	XXI	(Sign Mame)
Supervisor Review:	1. C	indin	200	2 dela
	-1	(Print Name)	3,,-	(Sign Name)
Inmate Status:	☐ Pre-Hearing Confinemen	nt Release to Prev	ious Status	✓ Other
			ious status	Z omer
Reason. Corren	tly on detention s	Talus		
I have reviewed this report	for legibility, completeness, correctness	s of charge, and to ensure all necessary	y information is attached (ev	idence, incident/witness reports,
etc.)		1,,-		
(Shift Superviso	r's Signature)	1/25/18	(Warden or Designee Sig	nature) (Date)
	AMERICAN STREET, THE PARTY OF T	HEARING/PREHEARING A		nature) (Date)
I have received a copy of the		y right to attend and present evidence		
	130 1/8 Time: And		ac a nearing.	
2. I understand the charg		explain the charge(s) to the inmate).	Autoritis .	
3. I waive my right to a l	hearing? Layes \(No (if yes, have in	mate sign an Agreement/Waiver/Refus	al form)	, sam, '
5. Other pertinent notation		If inmate has witnesses, have him/her	n Sept Of	fice
			0	
I understand, if foun	a guilty, I will be subject to i	mposition of the sanctions as	outlined in the institu	itional inmate
uiscipiinary operatio	nai procedure. I also undersi	and that by refusing to sign I	am waiving my hear	ing, my right to
withesses and wines	s statements, and my right to	1-240-181825	RIAUSO	0/10
1 00	(Staff Signature)	(Date & Time)	(Impata)	s Signature / ID#)
	(week triginally)	(Date of Thire)	(minate	J. Jacobski C. I. Jill.

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:

DISCIPLINARY HEARING DECISION

DISCIPLINARY HEARING DECISION
MINOR [
THIN TO THE TOO TO
Infraction Number(s) & Name(s) 4225 - STE ACTIVITY
I do not understand the violation I do not understand the violation – additional action taken
Continuance granted to Date: / By:
Reason:
Plea: Guilty Not Guilty Dother: Refused to Sign intraction
Inmate's Statement:

Til Division of the Company of the C
Evidence Provided: invaction veport
<u> </u>
Findings: Quilty of # 4225
Evidence Relied On: Infraction very
I HILLIOTT TOPE
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 6) Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 15 days detention conclusiont us
Molentian being seleted.
00
Reason(s) for findings:
material Attended to the North
10 Land Of De Land Color
SIFFACTION - MONTHLY ROLD WINT WITH FUR
policy of the same
1 13/10 follower 1:30:10
ADMINISTRATIVE REVIEW DATE DISCIPLINARY HEAVINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
LIDO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s).
DI DO NOT WISH TO APPEAU
Inmate's Signature / ID#: 10HUSOTO SIGN IN HVO(11910

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

MSP	MWP CONTRAC	TMENT OF CORRECT: TFACILITY:	7 3
DISCIPLIN	ARY INFRACTION RE	EPORT / NOTICE OF HE	ARING JAN 0 3 2018
	(Information and staff signatures MAJOR	on this form must be legible) MINOR	DISCIPLINARY
Inmate Name: Whit Sand Last name	l	Makveeyapee First Name	ID# 3015941
Date: 1/2/18 Time:	OSOO Place of Inc	ident: LH11	
Room/Cell: UF8 Housing I	Unit: LHU!	Job Assignment: LP	# 801
nfraction Number(s) & Name(s)	4225 STG AC	15.21	<u>.</u>
1	4000. 21 G MC	TVITY	
Staff Witness: 1. Sqt. Luly		other Inmates involved 1	
			1 1 1 2
Description of Violation: (who, what STG department red on 12/29/17. The So believed Whitford We note with other with	, why, where, when and	how): On the above	e date & time the
on 12/29/17 the S	rewed a note 4	hat was confisc	cated in LHU, UCE
believed Whitford W	in wed in	Chishing it In	comme vive the
note with other wi	etings of Whit	fords' Jam cor	Hident they motel
the content of the r inother to do missi	not in Stg in	rature of talk	so of his manipulat
WIND OD OUT TO AND THINGS			
oraleina tom cambal	DIO TOTAL	ie will heart c	heck him as he is
tall in-line of take	somane out	or he will want	person will either
all in-line o take	somane out	or he will want	person will either
all in-line of take	somane out	or he will want	person will either
all in-line of take	somane out	or he will want	person will either
him out It clearly others. Moc has	someone out y States Whitten do the work, I zero tolerane	or he will mater de intent to "clineraby japandizing e for STG action	person will either
him out It clearly others. Moc has	someone out y States Whitten do the work, I zero tolerane	or he will mater de intent to "clineraby japandizing e for STG action	person will either
all in-line & tate. him out It clearly others to others. Machine has	somane out	or he will mater de intent to "clineraby japandizing e for STG action	person will either
pall in-line & take. him out It clearly others to others. Mac has EPORTING STAFF MEMBER:	someone out y States Whitten do the work, I zero tolerane	or he will mater de intent to "clineraby japandizing e for STG action	person will either
all in-line & take. Thim out It clearly another to others. Moc has EPORTING STAFF MEMBER: upervisor Review:	someone out y states Whitford do the work, I zero tolerane (Print Name)	or he will water do "col here by jeopardizing e for STG actions of the sky sky sky sky sky	person well author h him brook & cro can up our garbage! q the safety & Securi lity, EOR (Sign Name) (Sign Name)
EPORTING STAFF MEMBER: upervisor Review: Pre-Hearing C	someone out y states Whitford do the work, I zero tolerane norna Kuchin. (Print Name)	or he will water do "col here by jeopardizing e for STG actions of the sky sky sky sky sky	person well author h him brook & cro can up our garbage "! g the safety & Security, EOR " Luchinoly (sign Name)
Dim out It clearly of the Du apting another to others. Moc has EPORTING STAFF MEMBER: upervisor Review: umate Status: Pre-Hearing Cleason: Security threat	someone out y states Whitton do the work, I zero tolerane (Print Name) (Print Name)	or he will water do "cl here by jeopardizing e for STG action	person well author h him brook & cro ean up our garbage! g the safety & Security, EOR (Sign Name) (Sign Name)
EPORTING STAFF MEMBER: upervisor Review: unate Status: eason: Security threat previewed this report for legibility, completence.	Somane out y states Whither do the work, the zero tolerane (Print Name) (Print Name) (Print Name) (Print Name) (Print Name)	lease to Previous Status	person well author h him brook & cro ean up our garbage! g the safety & Security, EOR (Sign Name) (Sign Name)
EPORTING STAFF MEMBER: upervisor Review: mate Status: eason: Security threat ave reviewed this report for legibility, completence.	someone out y states Whitton do the work, I zero tolerane (Print Name) (Print Name)	lease to Previous Status	person will author h him brook & cro ean up our garbage "! g the safety & Securi lity, ESE (Sign Name) (Sign Name) (Other Ched (evidence, incident/witness reports,
EPORTING STAFF MEMBER: upervisor Review: umate Status: Pre-Hearing Ceason: Security threat ave reviewed this report for legibility, completences: (Shift Supervisor's Signature) an or before	ontinement Re	lease to Previous Status (Warden or Designed ACTION)	person will author h him brook & cro ean up our garbage "! g the safety & Securi lity, ESE (Sign Name) (Sign Name) (Other Ched (evidence, incident/witness reports,
EPORTING STAFF MEMBER: upervisor Review: uperviso	continement Re	lease to Previous Status (Warden or Designed at the Action of the Will what the wild what the wild have by jeopard is will be a sure all necessary information is attacknown at the control of the wild have been sure at a hearing.	person will author h him brook & cro ean up our garbage "! g the safety & Securi lity, ESE (Sign Name) (Sign Name) (Other Ched (evidence, incident/witness reports,
EPORTING STAFF MEMBER: upervisor Review: uperviso	Print Name) (Print Name)	lease to Previous Status (Warden or Design REHEARING ACTION present evidence at a hearing.	person will author h him brook & cro ean up our garbage "! g the safety & Securi lity, ESE (Sign Name) (Sign Name) (Other Ched (evidence, incident/witness reports,
EPORTING STAFF MEMBER: upervisor Review: mate Status: Pre-Hearing Ceason: Security threat ave reviewed this report for legibility, completence (Shift Supervisor's Signature) ave received a copy of this notice and have been in the status of the statu	Print Name) (Print Name)	lease to Previous Status (Warden or Design REHEARING ACTION present evidence at a hearing. HOLD to the will mate, beginning the state of the wild form)	him brook 3 cro ean up Dur garbage "I g the Safety 3 Security, EOR (Sign Name) (Sign Name) (Sign Name) (Ched (evidence, incident/witness reports, mee Signature) (Date)
EPORTING STAFF MEMBER: upervisor Review: uperviso	Print Name) (Print Name)	lease to Previous Status (Warden or Design REHEARING ACTION present evidence at a hearing. It to the inmate). (entry aiver/Refusal form) est No. If inmate has witnesses, have	h him brook 3 Cro ean up Dur garbage "I g the Salety 3 Securi irty, ESE (Sign Name) (Sign Name) (Sign Name) (Date) c him/her complete a Witness Request form
EPORTING STAFF MEMBER: upervisor Review: uperviso	Print Name) (Print Name)	lease to Previous Status (Warden or Design REHEARING ACTION present evidence at a hearing. It to the inmate). (entry aiver/Refusal form) est No. If inmate has witnesses, have	h him brook & Cro ean up Dur garhage! g the Salety & Securi why, ESE (Sign Name) (Sign Name) (Sign Name) (Date) c him/her complete a Witness Request form
EPORTING STAFF MEMBER: upervisor Review: umate Status: Pre-Hearing Ceason: Security threat ave reviewed this report for legibility, completences. (Shift Supervisor's Signature) ave received a copy of this notice and have been in 1. Hearing Date: 1/5/2018	Print Name) (Print Name)	lease to Previous Status Warden or Design REHEARING ACTION present evidence at a hearing. How will mate hearing to the immate). Entity aiver/Refusal form) and the interior as outlined in the inte	h him brook & Cro ean up Dur garhage " g the Salety & Securi urty, ESE (Sign Name) (Sign Name) (Sign Name) (Date) c him/her complete a Witness Request form

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

STATE OF WINTANA DEPARTMENT OF COLUMNICATIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: Whitford, Makuee uapee ID# 301594 Date: 1.5.18 Infraction Number(s) & Name(s) 4225 - 874 ACTIVITY
Continuance granted to Date: / By: Reason: I DO NOT UNDERSTAND THE VIOLATION ADDITIONAL ACTION TAKEN By:
Plea: Guilty Not Guilty Other: Inmate's Statement: Naven't had the right to form a defense. We have our own laws that we go by-
Evidence Provided: infraction report, note
Findings: Quilty of # 4225 Not Guilty of # Evidence Relied On: 10 Y alton report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5) Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): \$25.00 Fine 10 days Clifen + 10w EN 1.15.18
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): \$25.00 Fine 10 days Clefen from ENDS 1:15:18 Reason(s) for findings: Offendu Int a note 10 hat Was Stalm nature. Polyland Intervent & prior guilty decisions).

Attachment C

MSP 3.4.1, Institutional Discipline

17.50	r	STATE OF MONTANA DEPARTMENT OF CORRECT	CTIONSRECEIVE	DRV
		MSP MWP CONTRACT FACILITY:		
			JAN 00	2018
		<u>Disciplinary Appeal</u> (major infractions only)	DISCIPLIN	VARY
Disciplinary	5/18 Hearin	Infraction(s): 425-576 Activity ag Decision: 250 fine 10 day cletenty ment why one, two, or all three of the following apply and si	on	O or DHI.
		idence or documentation to support the decision.		
1 di	du	of get to see any evidence. Nothing	ny was	attache
2. Required	discipl	inary procedures were not followed.		
			carlinses H	resolute
) was	un	get to see any disciplinary promable to proport a defence.		
3. The same	tion(s)	dance was caused.	9 excession	se. Especi
20000	100	o the same of the same of		-
		A +		
	271	Inmate Signature Date		
	, ,	WARDEN OR DESIGNEES RESPONSE		
Warden or d			VIEW C	NO. [7]
		vidence and documentation to support the finding? compliance with applicable disciplinary procedures?	YES YES	NO NO
		apposed proportionate to the rule violation(s)?	YES	NO
		T T T T T T T T T T T T T T T T T T T		
		hold the decision of the DHO and the sanction(s) imposed. sagree with the actions of the DHO and dismiss the infraction	n	
		hold the decision of the DHO, but the sanction(s) imposed or		all be:
		anction or level to:		
sus	spended	sanction(s) for:		
W-:44 !				
Price lus	res Sc	were to loved appropriately.	the tindi	By
		/ lon	· Lles	1/1/17
		Wardep or Dorignee Signature		Date
Copies to: Rec Revised: December		hite) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Go	ldenrod)
	2017	nenia		

	LOCKED H	OUSING PLAN	
Name: Whitford, Makue	eeyapee MSP/DOC# 3015941 Da	te: 12/29/2017	
Housing Unit: LHU1	ST: Smith UM: Jovanovich		
Separation Needs:	Atypical designation(s) Assaultive	•	
Activation of BMP withi	n last 30 days ⊠ Yes □ No	BMP Clearance Date: 1	1/30/2017
Activation of SMP withi	n last 30 days □ Yes ☒ No	SMP Clearance Date: 0	Click here to enter a date.
Mental Health Referral/C	Contact within the last 30 days ⊠	Yes □ No	
Monthly review from MI	H/Therapist: Click here to enter te	xt.	
New Freedom Programn	ning		
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Anger	Ordered 12/29/2017		
☐ Escape, Attempt or F☐ Other Click here to e		Death Sentence or pendi	ing death sentence
Special Housing Needs:			
☐ Spit Hood ☐ Rest	rictions Bottom bunk/tier becial Security Procedures	Water Restrictions(flooding	ng) 🗆 ADA
			Λ.
Whitford was found guil medication on 10/16/201 locking device, refusing complete Max levels 1-3 New Freedoms Binder " be up for review to level	us and recommendations: Inmate ty of having a sharpened instrumer 7; unauthorized area and refusing orders, and encouraging others to before being reviewed for general Anger". Whitford must maintain c 2 on 3/2/2018, level 3 on 6/2/2018 thitford on a monthly basis.	nt on 10/11/2017; tattooing an order on 11/28/2017; th commit a major offerce on population. LHU UMT're lear conduct to progress to	on 10/16/2017; misuse of preatening staff, tampering with a 12/6/2017. Whitford will need to be a superior that Whitford complete each level of his Max plan. He wi
II	refu	se to participate in my lock	ed housing status review plan.
	the current review to the Unit Ma it will be reviewed by the Admin I	nager and that if I am reduce	housing status review plan and ced two or more levels due to
Locked Housing Unit S7	665		
	<u></u>		
White-Main	Vellov	v-6 part file	Pink-Inm

EXHIBIT D EXHIBIT D

Whitford, Makueeyapee MSP/DOC# 3015941 Facility/Unit: HSU2

ype of lassification: Special	Classification Date:	12/6/2017	Next Review Date: 6/30/2018
urrent Custody: CLOSE		Current Assignm	nent: LP # 801
inal Custody: MAX	W.	Final Assignmen	Labor Pool 801
Parole Date: 3/9/2038	3	Discharge I	Date: 2/28/2073
Detainer/Warrant/Notif	ication: Yes	No	State/County:
Separation Needs:	Active Inac	tive Initiate	Remove
Atypical: Mes	No Assa	Explain if other	
STG Review: Yes	⊠ No		
Override: X Yes	□ No □	Continue Overrio	de Factor: SPECIAL MANAGEMENT
Confidential Information	n: Yes, in:		
PREA: Xes,	Date 7-19-2016	□ No Eme	ergency Contact valid: X Yes No
MORRA	COMPLETE DATE	6-1-15-PIT TREATMENT STATUS	MORRA RISK LEVEL HIGH
	TYPE OF REFERRAL	Screened/Waitin	g Active Incomp. Complete
SOPITX	Choose an item.		
SOP II TX	Choose an item.		
CD TX: ITU	Assessment Need		
MENTAL HEALTH	Choose an item.		RECEU
ANGER MANAGEMENT	Assessment Need		- CIVED
EDUC. / GED / HISET	Choose an item.		DEC 20
TSCTC/PRC	Choose an item.		Classification
PARENTING	Choose an item.	П	ation & p
CP&R: I/II/III	Assessment Need	\boxtimes	Classification & Placement
OTHER T4C	Assessment Need	\boxtimes	
Horrial	Smie M. Bay	MA-CCHP	
Admin Review / Special	Committee Signature	Date	
Admin Neview / Special	committee signature /	Date	
	738		
Appeal: Yes	NO		
Appeal: Yes Classification Officer:	ST. Campbell 12/7/17	Unit Manager:	Ben Bouley 12/6/17

CLASSIFICATION INSTRUMENT

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

- Page 1 -

Name	e: Whitford, Makueeyapee MSP/DOC Number: 3015941 Unit: HSU.	2
	Severity of Institutional Misconduct (rate last 3 years)	_
	Category Reports 10/11/17 # 4102; 7/19/16 # 4104; 12-14-15 # 4104	6
	Category Reports 12/6/17 # 4235; 10/16/17 # 4224; 12-08-16 4107; 3-28-16 # 4235	3
•	3+ Category III Reports 12/6/17 # 4212; 11/28/17 # 4234; 10/16/17 # 4222; 1-3-17 # 4212	1
	No violations within last 3 years	. 0
2.	Most serious current conviction, Detainer or Warrant	i
	Highest Severity Deliberate Homicide	6
		5
	Moderate Severity	1
	Low Severity	0
3.	Escape History (rate last 3 years)	
J.	Escape or attempted escape from a secure facility (WRC classified secure)	6
	Escape/walk away from PRC, TSCTC	4
	Walk away from work release or monitoring program	2
	No violations within last 3 years	. 0
4.	Severity of Felony Convictions within the last 7 years (do not include current conviction)	
	1+ Highest Severity or 3+ High Severity	4
	1-2 High Severity	3
	0 Highest/High severity with 1+ Moderate Severity	1
	O Highest/High/Moderate Severity with only Low Severity	0
5.	Number of Category I or II Rule Violations, Predatory/Assaultive Behavior (rate last 3 years) 3+ Category I or II Reports 12-06-17 # 423S; 10/11/17 # 4107; 7/19/16 # 4104, 12/14/15 # 4104	4
	1-2 Category I or II Reports	2
	O, No Category I or II Reports	0 1
Г	Custody Score based on items 1-5: 7-9 Medium Restricted / 10-14 Close / 15+ Maximum	Score 1-5 16
	custody Score based on items 1-3. 7-5 Medium Resulted 7 10-14-close 7 15+ Maximum	. 10
6.	Number of Disciplinary Reports (rate last 6 months)	
	3+ Reports or Return from Community Placement for disciplinary reasons	4
	1-2 Reports 12/6/17 # 4213, 4229; 12/6/17 # 4235, 4212; 11/28/17 4234, 4213; 10/16/17	•
	4224; 10/16/17 # 4222; 10/11/17 # 4102	. 2
	No Major/Severe Reports	. 0
7.	Performance in Recommended Treatment/Education Programs	_
	Non-Compliant New Freedom Aggression and Violence	. 4
	Waiting for treatment / currently enrolled	. 0 ;
	All recommended programs completed	-1
8.	Institutional Adjustment / Work Performance (rate last 6 months)	2
	Poor ratings from both Work and Housing Unit Team 1 Poor rating from either Work or Housing Unit Team	. 2
	Positive ratings from both Work and Housing Unit Team	. 0
	Positive ratings from both Work and Housing Unit Team Positive ratings from both Work and Housing Unit Team for 3 years	-1
		-1
\ <i>\\</i> LITE	MAIN EILE CANADY-COLINICELOD DINIC INIA	IATE
VV ΠΙΙΕ	-MAIN FILE CANARY-COUNSELOR PINK-INM BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONL	

CLASSIFICATION INSTRUMENT

-Page 2-

Name: Whitford, Makueeyapee	MSP/DOC#	3015941	Unit: _HSU2		,
9. Sentence Remaining (total of all consecut	ive sentences)	ng a	,		•
Time Remaining: 55 yrs, 4 months		a	ut e. +		
Sentenced prior to April 12, 199	s . 🗵	Sentenced å	fter April 12, 1995		•
Designated Dangerous Offender (m	, ,				
	<u>core</u>				<u>Score</u>
30+ years/life sentence	. 2	30+ year ser	tence/life sentence		5 ·
	1	11-29 year s	entence/total of cor	secutive	· 1
	0] 1-10 year se	ntence/total of cons	secutive	. 0
TOTAL SCORE Item 6-9:				i 1	3
			Ä		,
Total Points Item 1-5:		Total Points	-	2	9
Custody Based on Item 1-5: MAX		Custody Bas	ed on Total Points:	MAX	
		· · _ · · · ·			, ,
Preliminary Custody Level: MAX		Recommend	led Custody Level:	MAX	<u>.</u>
CUSTODY SCORE BASED ON ITEM5 1-5 Med	ium Restricted 7-9	Close 1	0-14 Maximum/Ad	Seg/Ad Seg Re	stricted 15+
TOTAL POINTS SCALE - If inmate scores	loce than 7 mainte a	n Dick Home 1-5	ica Total points to des	ionate custody	
Minimum/Unrestricted 0-3	iess man y points o	Minimum/Res	and the second s	ignate custouy	
Medium/Unrestricted 9-11		Medium/Restr			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Close 17-22		200	Seg/Ad Seg Restricted/De	ath Penalty 23+ p	oints
The state of the s	1	,	= = = = = = = = = = = = = = = = = = = =		
Override Factors:	•		•	•	
Special Management	•	Psychiatric / S		•	
Medical 🔲	,	Escape Threat		•	<u> </u>
Detainer		Investigation I			
Exemplary Institutional Adjustment			oblem / Violence Th		
Court Ordered .		Inmate Need	Click here to enter	rext.	
Institutional Need Click here to enter	text.	, ,	· ·	v	
Final Custody Level: MAX	*				
	<u> </u>			,	
Comment from CM or Designee:		•	F	<u> </u>	*2
This is a special reclassification for Whitford	l as he has recei	ved several dis	ciplinary write-ups	over the las	t couple of
months. Whitfors is not currently complian	t as he needs to	complete the r	iew freedom pack	ets for aggre	ssion and
violence. Whitford did receive several write	e-ups this review	period with th	e lastest for threa	tening staff i	n which a
cell extaction had taken place. Whitford ha			months until discl	narge and at	this time I
am recommending Max custody due to con	tinued behavior				
Comment from UM or Designee:			1	<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·
3	NADV COLUNCE	O.D.	, i	NIV ININAATE	,
WHITE-MAIN FILE CA	NARY-COUNSEL	ŲΚ ,	· Pi	NK-INMATE	

Case 6:22-cv-00070-BMM-JTJ Document 56-7 Filed 09/22/23 Page 487 of 527

Whitford has been very disruptive in the housing area. He has gathered 6 major write-ups in the last 3 months. He is currently in Detention and got his last write-ups there - threatening to flood and harm staff, tampering with a locking device, and refusing orders. In October he was found guilty of a weapon offense for having sharpened finger nail clippers. He needs a longer term in Max Custody to think about his behavior and earn the privilege of being out of locked housing custody. Place to Max custody.

WHITE-MAIN FILE CANARY-COUNSELOR PINK-INMATEBLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

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				TIONG	KECEIVE	BX
	And the second s	ONTANA DEPARTM		TIONS	DECOT	(17)
	MSP WW				Ona	4
		INFRACTION REPOI		EARING	DISCIPLINA	and the same
	(Inform	mation and staff signatures on thi MAJOR	MINOR		.OUI LINA	ARY
			The state of the s			
Inmate Name: U Date: 11-30-17 Room/Cell: Uco? Infraction Number(s) &	Whit Good	Mouceya	pee		D# 3015	941
	Last name		First Name			
Date: 11-30-17	Time: 1140	Place of Inciden	t: LHUI	uc. 0	7	
Room/Cell: Wo7	Housing Unit:	Lyul_ J	ob Assignment: 60	1 6	ber pool	
Infraction Number(s) &	: Name(s)					
	721	3 Refusing	to obey a	direct	or uer	1.0
	-12	29 Aftemption	, to co	mmit	9 720	interctor
						(1210
Staff Witness: 1		Other	Inmates involved 1.			
Staff Witness: 1		- Other	2.			
Description of Violation	n: (who, what, why	, where, when and how	v): on the	above	date	
and time	e IM	whitford 50	ad that	he	W45 G	0.44
to Flourd	11 Com. he	s toilet	HC be an	+ lushin	4 4.5	Fortes
multiple +	times I	Shut off	his wa	eter li	hitland	then
(Overed 4.5	window	Shut OFL	19 Hress. He	refus	d mul	+. Ple
	to take	the mattre	si down,	500		
		,		LOB		
)			
	y-					
		, ,	2	1		
REPORTING STAFF	MEMBER:	Grove S	nith ~	free !	and the	
KEI OKIII O DI III .	-	(Print Name)		(Sign	Name)	
Inmate Status:	Pre-Hearing Confir	nement	se to Previous Status	V	Other	
Reason: Curcenti	y on PHC. DI	Status		_		
						Latin
	egibility, completeness, con	rrectness of charge, and to ensure	all necessary information is	attached (eviden	ce, incident/witness	reports,
SSG Was	\sim	11/30/17 (Date)				1 1
(Shift Supervisor's S	Act of the last of		1000000	esignee Signatur	e)	(Date)
No. 1 and 1 and 1 and 1 and 1		TICE OF HEARING/PREI	HEARING ACTION			
I have received a copy of this no	7 / Time:	hrs. Place: L	HUI			_
2. I understand the charge(s)	Yes No (if no.	verball explain the charge(s) to	the inmate).			
I waive my right to a heari Be present at the hearing a	and present evidence and w	have inmate sign an Agreement itnesses on my behalf. If impage	haspyitnestes, have him/her	complete a Witne	ess Request form	
5. Other pertinent notations:	ATO Fras	itnesses on my behalf thingage	we thenaurs	on	THE THE PARTY OF T	
I understand, if found	guilty, I will be su	ibject to imposition of	the sanctions as outl	ined in the	institutional i	inmate
disciplinary operation		1-14				
KYU	ric	12711	SMC			
(Sta	iff Signature)	(Date & Ti	me)	(Inmate's Sig	nature / ID#)	
			4 4	13 /2	mi	

2. Parole Board (Major)

Copies to:

1. Records

3. Housing Unit

4. Inmate

INMATE: Whitford Makuellapee Location: LHU
HEARING CONTINUATION NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 18617 IS/ARE BEING CONTINUED UNTIL 18617
FOR THE FOLLOWING REASONS: <u>further investigation</u>
Inmate Signature 2000 DATED 12-5-2017
Disciplinary Aslaughe DATED 10.6.17

HEARING CONTINUATION NOTICE #2
THIS FORM SERVES AS MOTIFICATION THAT THE HEADING(S) SCHEDULED

HEA	RING CONTINUATION NOTICE #2					
THIS FORM SERVES AS	NOTIFICATION THAT THE HEARING(S) SCHEDULED	,				
FOR IS/ARE BEING CONTINUED UNTIL						
FOR THE FOLLOWING	REASONS:					
	· · · · · · · · · · · · · · · · · · ·	·.				
Inmate Signature	DATED	·				
Disciplinary	DATED					

Revised: Oct 2012

Records (White)

Inmate (Goldenrod)

STATE OF ONTANA DEPARTMENT OF COL CTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: Whitford, Maukuley Pro 3015941 Date: 12.6.17 Infraction Number(s) & Name(s) 4213-Refusing an Order; 4229(4210)-Att. to
I DO UNDERSTAND THE VIOLATION I I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN COM
Continuance granted to Date: / By:
Reason:
Plea: Guilty Not Guilty Other:
Inmate's Statement: Idian't attemptoflood. I was
playing ground. I did say "new man if you
non't rome over hore, I'm aping to flood " but
TWACIOKING & COLOR BY WINDOW.
1 1/43 10 101 10 10 10 10 10 10 10 10 10 10 10
Evidence Provided: 10 Trachon report
" VII ACTI - C.
Findings: Quilty of # 4229 (4210), 421 Not Guilty of #
Evidence Relied On: intraction report, offender statement
HUTACTION OF THE WAS STATED OF
L _
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Use:
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Use: Solution (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
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(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 13000000000000000000000000000000000000
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 13000000000000000000000000000000000000
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 13000000000000000000000000000000000000
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 13000000000000000000000000000000000000
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 13 au Schen How END 12.19.17 Refer to Unit Reason(s) for findings: Offendly admitted to threater to the food.
Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 130044 Cleff Company Cleff C
Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 13 00
Reason(s) for findings: OHOOO. Reason(s) for findings: OHOOO. ADMINISTRATIVE REVIEW/DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
Reason(s) for findings: ADMINISTRATIVE REVIEW/DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. ADMINISTRATIVE APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Reason(s) for findings: ADMINISTRATIVE REVIEW/DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Reason(s) for findings: ADMINISTRATIVE REVIEW/DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. ADMINISTRATIVE APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
Reason(s) for findings: ADMINISTRATIVE REVIEW/DATE I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

Attachment C

MSP 3.4.1, Institutional Discipline

		STATE OF N	MONTANA	DEPARTMEN	NT OF CORREC	CTIONS	CEIVED E	3Y
		MSP MY	VP CON	TRACT FACILIT	Y:	- DI	EC 08 2017	7
				plinary Ap or infractions o		DIS	SCIPLINAF	RY
Date: Disci	iplinary Hearin ructions: Docu here was no ev	Infraction(s) g Decision:	13dau two, or all the nentation to s	Tefus 45 alt 45 alt 45 alt 45 alt 46 alt 46 alt 46 alt 46 alt 46 alt 47 alt 48 alt	ee ID# 30 Inganoral Life to u wing apply and si sion. No A	der;	1229(1) the DHO	10
or as	rents o	Sexcession of	this	3/w and	(III)(2)	(K)(5) Was Dr. te	-ni's	they discipling a cop toursed prepart
Is the	ere substantial		umentation to	R DESIGNEES o support the fi	nding? cedures?	,	YES V	NO N
	Affirm. I upl Dismiss. I di Modify. I up reduced sa		actions of the n of the DHC to:	e DHO and dist	on(s) imposed. miss the infraction ion(s) imposed or		n level shal	l be:
Write	ten justificatio	on for the actio	n taken abov	ve: The sighing ellowse Maber	ahour amproved	Alex		11 / 17 Date
	to: Records (Wild December 2014	hite) Parole	Board-Majors	only (Yellow)	Housing Unit (I	Pink) II	nmate (Gold NOTES	enrod)

10 10 10					DECE	nuto no
		7.6				PBY
		F MONTANA DEPA			NS DEC	0 1 2017
		MWP CONTR			_	1108
	DISCIPLINA	ARY INFRACTION	REPORT / NO	TICE OF HEAD	RING	PLINARY
		(Information and staff signatu			Dioci	FINALL
	1.00	MAJOR 🗵				
mate Name:	Whitford.		Makueey	upee	ID# _3	015941
	Last name		Fifst	Name	7	
ate: 11-30	-/7 Time: /	1415 Place of 1 Init: LHU-I	Incident: LH	4-7 ac	/	
oom/Cell: L	10 / Housing l	Init: CHU-L	_ Job Assig	nment: 801	abor For	2/
fraction Num	ber(s) & Name(s) 42	35- Threatening	Statt			
	42	35- Threatening 12-Willfully b	locking a le	cking der	ice	
	_					
00 ***			Oil I			
	1. 40 Barkhar		Other Inmates	involved 1.		
	2. Yo Kling			2		
		Ties Dame Carrie				
escription of '	Violation: (who, what	, why, where, when a	nd how): On	the above	date and	time I,
1. Panel	ey. Leard C-b	lock in 1Hu-	I yelling	man dou	un. I se	1
L Qualit	al to do a	alk through on	the block	% Buck	hart infac	and no
O BUTKA	14 10 40 a W	M 3015941 ma	s I lack 's	1:0	11/1	is less
nt inmove	e WA, 70010,	1 303791 Wa	Plock.ng	NIS WINGON	With he	maries
went to	talk to inma,	te Whit Ford to otified Comma	try to g	et him to	unblock	his winde
ignored	me so I n	ofitied Comma	nd Post.	4/0 Kling t	hen also	attempted
get him	to uncover his	window. At	this tim	e inmate	Whit ford	claimed
have a		his cell and	+6 + Lo	wanted c	tab the	next st
nare a	werden !!	s slot or	11. 1205	100 4	5 410	ried 1
emper i	Não openes no	3 307 91	ne 1	10000	iney !	10
nter his	cell. Lamate	Whitford the	reatened 5	tatt with	serious m	rm and
ricaded	his cell doo	r. His be ha	vior impede	ed on mys	eff and	my stat
em carry;	ng out our	daily duties	and resw	ted in a	cell extra	action. Ec
/	/	/				
EDODTING S	TARE MEMBED.	6.1 0		6.1	Para	
EPORTING S	TAFF MEMIDEK.	Sgf. Pomer	roy	- 1gt.	(Sign Name)	7
			,		_//	
nate Status:				ious Status		
ason: Co	RATINEY PHC	STATUS. INA	MATE PLAC	CO ON SEE	IDUN G BR	2p
	,	ess, correctness of charge, and				•
) 4	Completen	0	Weindre dir necessar	y information is accept	to receive mercens	without reports,
A	1 dan	11/30	17		01	
(Shift Sup	ervisor's Signature)	(Date)		(Warden or Designe	e Signature)	(Date)
	4.00	NOTICE OF HEARING	G/PREHEARING	ACTION		
ive received a cop	y of this notice and have been	information rights.	1411			
Hearing Date: I understand the		(if no, verball explain the cha				
	to a hearing? Yes No	(if yes, have inmate sign an A	greement/Waiver/Rel	fusal form)		
4. Be present at the	hearing and present evidence	and witnesses on my behalf.	If innuate has witnesse	es, have him/her comple	ete a Witness Request	form
Other pertinent i	notations: +raser,	wonner, ron	ut, The	rauson		
inderstand, i	f found guilty, I will	be subject to imposit	ion of the sanct	tions as outlined	in the instituti	onal inmate
1 /	erational procedure.		1 -			
K .	July	12-	1-11	SMC		
	(Staff Signature)	(1	Date & Time)	-	mate's Signature / 1D#	#)
				Chall	2211.	2
				10 pend	20119	n
pies to:	1. Records	Parole Board (Major)		Housing Unit	4. Inmate	

INMATE: Whitford, Makueeyapee Location: LHUI
HEARING CONTINUATION NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 18:517 IS/ARE BEING CONTINUED UNTIL 18:017
FOR THE FOLLOWING REASONS: <u>further investigation</u>

Disciplinary Aslaught DATED 12-5-2017

Disciplinary DATED 10:5:17

HE	ARING CONTINUATION NOTICE #2
THIS FORM SERVES A	S NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR	IS/ARE BEING CONTINUED UNTIL
FOR THE FOLLOWING	REASONS:
	
Inmate Signature	DATED
Disciplinary	DATED

Revised: Oct 2012

Records (White)

. Inmate (Goldenrod)

STATE OF INIONTANA DEPARTMENT OF COKKECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR MINOR
Inmate's Name: Whitford, Makueeyapee ID# 3015941 Date: 12.6.17
Infraction Number(s) & Name(s) 4235 Threatening: 41212-tampering
I DO UNDERSTAND THE VIOLATION I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: / By:
Reason:
Plea: Guilty Other: Inmate's Statement: Dever threatened no pool lever.
Inmate's Statement: I never threatened no body ever. I told them I was cutting myself.
Dien ina. I was carring mysen.
Evidence Provided: intraction report, BMPactivation,
incident reports
Time +6 1100 = 111-12
Findings: Guilty of # 4235 4212 Not Guilty of #
Evidence Relied On: Intract on report, incident reports
L _
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 20 days addition, are le days
as to other intraction,
ENIS 1.7.18
Reason(s) for findings;
houm staffet manicadad has collected
The state of the collision.
0.60 0.0
Makeeson AW 12-7-17 Youldling 12.6.17
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s).
Inmate's Signature / ID#:
minute o originature / 115 m.
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

	STATE OF MON	TANA DEPARTMENT OF CO	PRECTIONS	TO DV
			KKECTTONSKEGETVE	EDBY
	MSP MWP	CONTRACT FACILITY:	DEC 08	2017
		Disciplinary Appeal (major infractions only)	DISCIPLI	NARY
Date: 12/10/1= Disciplinary Hearin Instructions: Doc 1. There was no even to the last and the last and last an	Infraction(s): 4 Ing Decision: 20 Ing Decision	re not followed. MSD Dizziph y statements wither transfer on listed	and submit it to the DHO starte minds use witnes have a fire and a use witnes use wit	O or DHI.
that a	di Jense	i was done whi licies sult give	providers	
	Inmate Signature	12/6/3 Date		
Warden or designee		RDEN OR DESIGNEES RESPONS	SE	,
		ntation to support the finding?	YES	NO
		licable disciplinary procedures?	YES	NO 🗆
		to the rule violation(s)?	YES	NO 🗌
D				
Decision:	hold the decision of t	the DHO and the sanction(s) impo	agad .	
		ns of the DHO and dismiss the in		
		the DHO, but the sanction(s) imp		nall has
	anction or level to:	the D110, but the sanction(s) imp	osed of infraction level si	ian oc.
	d sanction(s) for:			
Written justificati	on for the action tak	sen above: Alione and	as of discipa	linar
proc	edure was)	8	V
	-	Madeessa Warden or Designee Signature	NW I	U 11/17 Date
Copies to: Records (W. Revised: December 2014	Thite) Parole Board	I-Majors only (Yellow) Housing	g Unit (Pink) Inmate (Go	oldenrod)

Present evidence and witnesses on to the pertinent notations: nderstand, if found guilty, I ciplinary operational process	will be subject to i	mposition of the s	anctions as outline	d in the institution	al inmate
Present evidence and witnesses on					
I understand the charge(s)?	es No (if yes, have in	imate sign an Agreemen	t/Waiver/Refusal form)	a Witness Request for	n
we received a copy of this notice and Hearing Date: // / / / / / / / / / / / / / / / / /	bave been informed of n Time: Average Section (if no, verbally	ny right to attend and pr	esent evidence at a heari	ng.	14
(Shift Supervisor's Signature	NOTICE O	(Date) F HEARING/PRE	HEARING ACTION	en or Designee Signatur	
ve reviewed this report for legibility,	, completeness, correctne	ess of charge, and to ensure the state of th	ure all necessary informa	tion is attached (eviden	ce, incident/witness reports,
ason: Security +	threat	11		S 4 4 5] Other
	learing Confineme	(Print Name)	ease to Previous St	-	Name)
pervisor Réview:	*	(Print Name)	811	& (Sign	Name)
EPORTING STAFF MEMI	BER:	Holdman		1 2	-
77				1	7
me, stating that	he obesit	care if be	e gets a u	around a trile up. T	he inmate on
other inmate through	block,	or Again	whitford speaker. Af	ignored her anoth	er minute
not leave his box	he and a	et out w	the wood	B black	to talk to
cage, to let	e whitfore	chen wark	All Souce	ted pass in	the guys ente
scription of Violation: (w)	Annual Control of the	The second secon	the Upper	- Block	door, frame
2	V/A	* ·	4 .0	2	V/A
aff Witness: 1.	NA	Oth	ner Inmates involv	ed 1.	NA
			o immediate		member,
fraction Number(s) & Nam		0	unauthoriz	100	
	Time: 1945 Housing Unit: H		Job Assignment:		abor Rol
II CO IN La	ast name	Dlag - CI 1	First Name	Juper 1's	m# <u>20191</u>
nate Name: White	A MA	JOR 🔀	MINOR _	10000	ID# 3015941
		n and staff signatures or	ORT / NOTICE In this form must be legib		NOV B COM.
84					

Attachment B

MSP 3.4.1, Institutional Discipline

STATE OF JNTANA DEPARTMENT OF COL CTIONS MSP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
Inmate's Name: Whitford, Makuecyapee # 3015941 Date: 11.28.17 Infraction Number(s) & Name(s) 4234-Unauth Area; 4213-Befusing an X I DO UNDERSTAND THE VIOLATION I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKENOR Continuance granted to Date: / By:
Plea: Guilty Not Guilty Other: Inmate's Statement: Loud everything that it says but its the technicality that in pleading not guilty on.
Evidence Provided: infraction repurt
Findings: Definition of # 4234 14213 Not Guilty of # Evidence Relied On: Infraction report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 Grid Level to Use: 3 (Circle number of prior) guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 1 2 3 4 Grid Level to Use: 3 (Circle number of prior) guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Refer to UMI
Reason(s) for findings: Order to retrien to the block twent to an area to speak when in mere.
ADMINISTRATIVE REVIEW/DATE DISCIPLINARY HEAPINGS OFFICER/UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today. I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). I DO NOT WISH TO APPEAL (Inmate's Signature / ID#:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

	STATE OF MON	TANA DEPARTMEN	NT OF CORRECTION	NS RECEIVED BY
		CONTRACT FACILIT		DEC 08 2017
		Disciplinary Ap (major infractions of	opeal only)	DISCIPLINARY
Disciplinary Hearing	Decision:	days detic	thee ID# 3015 the Avea; 121 u. 5clays owing apply and submit	
1. There was no evide	ence or documenta	tion to support the dec	ision.	
tight to be	-procedure	detense. I v		elation. I he or access to a or unit rule yearly, and
Ny	nmate Signature	+	11 /38/ i7	
Warden or designee: Is there sufficient evid	WAR	NOTION OR DESIGNEES	S RESPONSE inding?	YES NO [
		licable disciplinary pro to the rule violation(s)		YES NO NO
☐ Dismiss. I disaş ☐ Modify. I upho ☐ reduced sand	gree with the action of	the DHO and the sanctions of the DHO and distributed the DHO, but the sanctions		ction level shall be:
Written justification	for the action tal	sen above: Meet	the above riplinary p	area of
		Warden or Desi	ignee Signature	12-11117 Date
Copies to: Records (White Revised: December 2014	e) Parole Board	l-Majors only (Yellow)	Housing Unit (Pink)	Inmate (Goldenrod)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

STATE OF CONTANA DEPARTMENT OF COLECTIONS MSP MWP CONTRACT FACILITY: DISCIPLINARY HEARING DECISION	
MAJOR ♥ MINOR □	
Inmate's Name: Whitford, Makuceuadee ID# 3015941 Date: 10.16.17	
Infraction Number(s) & Name(s)	-
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAK Continuance granted to Date: / By: Reason:	EN
Plea: Guilty Not Guilty Dother: Offender 1000 11170000 Inmate's Statement:	2
Evidence Provided: infraction report, property receipt,	
<u> </u>	
Findings: Guilty of # 4222	ρţ,
· · · · · · · · · · · · · · · · · · ·	
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:	<u>Z</u>
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions Sanction(s):	s).
Level 1 Or DOUTELL I HALP TO OUT LINTED	
4.16.18	
Reason(s) for findings:	
newing autipassuprive penavior	
MESeggen AW 10-18-17 With 18/1	
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY TEA	M
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s). TOO NOT WISH TO APPEAR Inmate's Signature / ID#:	y. to
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)	

Attachment C

MSP 3.4.1, Institutional Discipline

	TAN TAI			ACT IA 2000	
	DISCIPLINARY IN	CONTRACT FACILITY:	CE OF HEARL	NG 1 1 0 2017	
		tion and staff signatures on this form must be le AJOR MINOR		DISCIPLINARY	
nmate Name:	WHIT FORD Last name	Makusty Pst First Na		ID# 36159	41
Date: 10-9- coom/Cell: 44	Time: 1800	Place of Incident: HSC HSC2 Job Assignment Poss#ssion of	ent: 801	A12 Labor Pool	
	elo DorscHer				
LA Bloc	lation: (who, what, why, where the source of	where, when and how): Pour Pour A Nail He Ero. WAITFORD	clippen i	A THROUGHS C WITH THE	conte
n I HILL	Trepente on in	and -	DAG KASIK	HINED HADES	Court
5 4 4 1	END OF REP				
5 Z 11 4 1	eno or just				
	eno or jest				
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o z na j					
			v		
		bT HoTeHKIS)	Syl	Aylato (Sign Name)	
EPORTING STA	FF MEMBER:	6T HoT HKrs) (Print Name)	Sy	Marco (Sign Name)	
EPORTING STA	AFF MEMBER:	67 Hot Hkrs) (Print Name)	Syr	(Sign Name) (Sign Name)	
EPORTING STA	FF MEMBER:	67 Hot Hkrs) (Print Name)	s Status	(Sign Name) (Sign Name) Other	
EPORTING STA upervisor Review nmate Status: eason:	AFF MEMBER:	(Print Name) (Print Name) (Print Name) Release to Previous		☐ Other	ports.
EPORTING STA upervisor Review nmate Status: leason:	AFF MEMBER:	67 Hot Hkrs) (Print Name)		Other	
EPORTING STA upervisor Review nmate Status:	FF MEMBER:	(Print Name) (Print Name) (Print Name) Release to Previous tness of charge, and to ensure all necessary infe	ormation is attached (e Busanian Signatura Sig	Other	ports.
EPORTING STA upervisor Review mate Status: leason: lea	FF MEMBER: The Pre-Hearing Confinent of the legibility, completeness, correct of s Signature) NOTICE this notice and have been informed of Time: Type(s)? The No (if yes, have ring and present evidence and witness and present evidence and p	(Print Name) ormation is attached (evarden or Designee Signature)	Other vidence, incident/witness rependently enature) Other	Date)	

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

	STATE OF MON	TANA DEPARTMENT OF CORRE	CHONS
	MSP MWP	CONTRACT FACILITY:	007 4 9 '000
		Distriction and Assessed	OCT 13 2017
		(major infractions only)	DISCIPLINARY
Inmate's Name:	Whitford	Makueeysee ID#	3015941
		-1102 - Possession of	weapon
Disciplinary Healinstructions: D	-	or all three of the following apply and	submit it to the DHO or DHI.
1. There was no	evidence or documenta	tion to support the decision.	cosisinal info
ossession	of a sharp	ned instrument no	- weadon - I was
			river instrume
1 11	nowi-gly 1099		1 1 1 1 1 1 1 1
2. Required disc	ciplinary procedures wer	as not followed	a not have lift
		1 40	ed the right to
		ause I was not a	iven access to
1,	,	more 2017 printlet	prior to hearing
or Thomas	ven access t		Policies, Rules,
	(s) is excessive 1 rock		Lulas, or Proced.
MSP are			sciplinary Process
Clet poin	.to randers to	o poc/MSP Policies, rules	and procedures
order to	adequetaly	propers a defense	immata behavior
dictated in	a other parts	of DOCIMAPPOLICION, 10	1
	1000	0	rieg, and proceda
			ales, and proceda
	Inmate Signature	Date	ries, and procedu
	Inmate Signature WAR		ries, and procedu
Warden or desig	Inmate Signature WAR	Date RDEN OR DESIGNEES RESPONSE	
Warden or desig	Inmate Signature WAR nee: t evidence and documer	RDEN OR DESIGNEES RESPONSE Intation to support the finding?	YES NO NO
Warden or desig Is there sufficient	Inmate Signature WAR nee: tt evidence and documental compliance with appl	RDEN OR DESIGNEES RESPONSE ntation to support the finding? licable disciplinary procedures?	YES NO NO
Warden or desig Is there sufficien Is there substant	Inmate Signature WAR nee: tt evidence and documental compliance with appl	RDEN OR DESIGNEES RESPONSE Intation to support the finding?	YES NO NO
Warden or desig Is there sufficien Is there substants Is the sanction(s	Inmate Signature WAR nee: tt evidence and documental compliance with appl	RDEN OR DESIGNEES RESPONSE ntation to support the finding? licable disciplinary procedures?	YES NO NO
Warden or desig Is there sufficien Is there substant Is the sanction(s) Decision:	Inmate Signature WAR nee: It evidence and documer ial compliance with appl) imposed proportionate	Date RDEN OR DESIGNEES RESPONSE Intation to support the finding? Ilicable disciplinary procedures? to the rule violation(s)?	YES NO NO
Warden or desig Is there sufficient Is there substant Is the sanction(s) Decision: Affirm. I	Inmate Signature WAR nee: It evidence and documer ial compliance with appl imposed proportionate uphold the decision of t	ntation to support the finding? licable disciplinary procedures? to the rule violation(s)? the DHO and the sanction(s) imposed.	YES NO NO YES NO
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Warden or desig Is there sufficient Is there substant Is the sanction(s) Decision: Affirm. I Dismiss. Modify. I	Inmate Signature WAR nee: It evidence and document all compliance with apply imposed proportionate uphold the decision of the disagree with the action uphold the decision of the decision	ntation to support the finding? licable disciplinary procedures? to the rule violation(s)? the DHO and the sanction(s) imposed.	YES NO
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Warden or desig Is there sufficient Is there substant: Is the sanction(s) Decision: Affirm. I Dismiss. Modify. I reduced suspend	Inmate Signature WAR nee: It evidence and document all compliance with apply imposed proportionate uphold the decision of the disagree with the action uphold the decision of the disanction or level to: ded sanction(s) for:	ADEN OR DESIGNEES RESPONSE Intation to support the finding? Ilicable disciplinary procedures? Ito the rule violation(s)? The DHO and the sanction(s) imposed. In sof the DHO and dismiss the infraction of the DHO, but the sanction(s) imposed of t	YES NO
Warden or desig Is there sufficient Is there substant: Is the sanction(s) Decision: Affirm. I Dismiss. Modify. I reduced suspend	Inmate Signature WAR nee: It evidence and document all compliance with apply imposed proportionate uphold the decision of the disagree with the action uphold the decision of the disanction or level to: ded sanction(s) for:	ntation to support the finding? licable disciplinary procedures? to the rule violation(s)? the DHO and the sanction(s) imposed. In the DHO and dismiss the infraction the DHO, but the sanction(s) imposed of the DHO and the sanction(s) imposed of the	YES NO

Housing Unit (Pink)

Inmate (Goldenrod)

Parole Board-Majors only (Yellow)

Revised: December 2014

	MONTANA DEPARTM	ENT OF CORRECTIONS	
	CONTRACT FACILITY:		
DISC	IPLINARY HEAR		
	MAJOR 🗷	MINOR	44
Inmate's Name: Whit Ford		ID#305941 Date:	10-11-17
nfraction Number(s) & Name(s)	4102- POSSESSIE	on of weapon	
I DO UNDERSTAND THE VIOLATI Continuance granted to Date:		STAND THE VIOLATION – ADDITION	NAL ACTION TAKEN
Reason:	_ / By:		
Plea: Guilty Not Guil	ty		
		to me and I deds	it realise
it was sharpened			, , , ,
Pridore Provided A 1 1 1	A	10/10/10/10	. 7
Evidence Provided: / hg/z	action report	/ Photos/ Statem	ens
V			
# C 11 C 1	(100		
	1	□ Not Guilty of #	~
vidence Relied On: /w//	region /report /	photos/ Stateme.	nto
· ·			
For Sanction Purposes:[Circle the nur	nber of prior Major/Minor Infraction	Reports: 1 2 3 4 5 Grid	Level to Use: 3
	in the timeframe [not each rule violation	n]. Find grid level to use by adding current of	
anction(s): 403 - 10	days altent	ion	Credit 2hi
- Co	nf/disp of Co	ntraband E	ND 10-19-17
leason(s) for findings:	14	4 1,40 . 000	- 4
A 11		te was in posse	5510n x
a Sharpened	ms trument	,	U
makeen All	10/11/17	July	10-11-17
IDMINISTRATIVE REVIEW / DATE	DIS	CIPLINARY HEARINGS OFFICER / UNIT	DISCIPLINARY TEAM
understand, that I may appeal the	, ,	Hearings Officer to the Warden.	
appeal, I must submit a complete	ed appeal form to the Discip	linary Hearings Officer within 15	days from today.
I DO WISH TO APPEAL (Major	decisions only) because (1)	there is insufficient evidence and	documentation to
		ere not followed; (3) the sanction	(s) imposed are
ot proportionate to the rule violated I DO NOT WISH TO APPEAL	ion(s).	V	
imate's Signature / ID#:	EM Ph		
	3		
opies to: Records (White) Paro	le Board-Majors only (Yellow	Housing Unit (Pink) Inma	ite (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

STATE OF MONTANA DEPARTMENT OF CORRECTIONS CONTRACT FACILITY: MSP MWP

SUMMARY ACTION / CELL SEARCH / PROPERTY RECEIPT										
Source of Items Room/Area Search Pat/Strip Search	Date & Time 10-9-17 1800	C Major infraction Property office/	n evidence i		☐ Min	or infia	d disposal bi	nce bin/room/area		
Inmate Name: WY	TFORD 1	natuseypei	e II	# 3015	94/	Cell/	Room #	Housing Unit		
Inmate Name:			ır			UA	112	HSUZ.		
Type of Infraction (if applicable): 4102 Possission of Shanftuto instrument UA/2										
List only one item per line. Put in disposition code (from bottom of form) as needed.										
Description, condition & reason property was removed				Owner's Name Summar Action o Hearing		nearing Disposition				
1 FINGER NAIL	chippen -		Al	TEREP	WHITE	ORD	H			
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			 -	,	-					
										
								-		
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						\dashv				
Officer:	MOfficer:		Inm	ate:			Inmate):		
	This Port	ion to be complet	ed by Disc	iplinary.	Ünit Ön	ly				
Disposition Codes: R DES-Destroyed Date:	H -held for Inv	ets. P-placed in Proestigation completed by State	SAC-S	immary A	A.S. "国力国际的	100	Carried States of the	m DON-donate		
Copies to: Records (Whi	ite) ` Parole B	oard-Maiors only ((Yellow)	Housin	ng Unit (Pink)	Inmate	(Goldenrod)		

Attachment D

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

Inmate Name: WHITFORD Last name Date: 10-4-17 Room/Cell: UC12 Housing Unit: H Infraction Number(s) & Name(s) Staff Witness: 1. 2. Description of Violation: (who, what, why, who was a company to defend the first pill I Further Checked fill pass and end of Report.	here, when and how): Duniant A COLL STANCH OF WILL TAN COLOR PILL PLACED NOTE TO THE CARD BOAD ON A BRAND NEW ROLL OF TOILET PAPER. By IT'S RESCRIPTION AS A ZOLOFT. UPPERS PILL PASS BOX AND UTRIFIED WHITFORD THE PILLS IN HIS BOX USABLY LOOK LIKE THIS.
DISCIPLINARY INF (Information MA) Inmate Name: WH:TFORD Last name Date: 10-4-17 Time: 1610 Room/Cell: UC12 Housing Unit: H Infraction Number(s) & Name(s) 4224 Staff Witness: 1. 2. Description of Violation: (who, what, why, whe UA 12 I FOUND AN OBIO CENTER / UNBER THE TISSUE INFIRMARY IO'L THEY PIH DOES RECIEVE PIH PASS AND END OF REPORT.	TRACTION REPORT / NOTICE OF HEARING mand staff signatures on this form must be legible) JOR MINOR DISCIPLINARY MINOR DISCIPLINARY MINOR DISCIPLINARY DI
Inmate Name: WHITFORD Last name Date: 10-4-17 Time: 1610 Room/Cell: UC12 Housing Unit: H Infraction Number(s) & Name(s) 4224 Staff Witness: 1. 2. Description of Violation: (who, what, why, who WA 12 I FOUND AN OBIO- CENTER LUNDER THE TISSUE INFRAMARY TO'D THE POSS AND END OF REPORT. REPORTING STAFF MEMBER: 567	MINOR DISCIPLING MAKULE YAPER First Name Place of Incident: UC12 Itsuz #SU2 Job Assignment: 801 LABOR Prof DELIGORATE MISUSE. OF AUTHORIZED MEDICATION. Other Inmates involved 1. 2. Other Inmates involved 1. A CELL SEARCH OF WILL TAN COLOR PILL PLACED NEXT TO THE CARD BOARD ON A BRAND NEW ROLL OF TOTLET PAPER. By IT'S DESCRIPTION AS A ZOLOFT. UPPERS PILL PASS BOX AND UERIFIED WHITFORD THE PILLS IN HIS BOX USABLY LOOF LIKE THIS.
Inmate Name: WHITFORD Last name Date: 10-4-17 Room/Cell: UC12 Housing Unit: H Infraction Number(s) & Name(s) Staff Witness: 1. 2. Description of Violation: (who, what, why, who WA 12 I FOUND AN OBIO- CENTER / UNDER THE TISSUE INFIRMARY IO'L THEY PIH I FURTHER CHELTED THE DOES RECTEVE PIH PASS AND END OF REPORT.	MINOR DISCIPLING MAKULE YAPER First Name Place of Incident: UC12 Itsuz #SU2 Job Assignment: 801 LABOR Prof DELIGORATE MISUSE. OF AUTHORIZED MEDICATION. Other Inmates involved 1. 2. Other Inmates involved 1. A CELL SEARCH OF WILL TAN COLOR PILL PLACED NEXT TO THE CARD BOARD ON A BRAND NEW ROLL OF TOTLET PAPER. By IT'S DESCRIPTION AS A ZOLOFT. UPPERS PILL PASS BOX AND UERIFIED WHITFORD THE PILLS IN HIS BOX USABLY LOOF LIKE THIS.
Inmate Name: Last name Date: 10-4-17 Room/Cell: UC12 Housing Unit: H Infraction Number(s) & Name(s) Staff Witness: 1. 2. Description of Violation: (who, what, why, who LA 12 I FOUND AN OBIO CENTER / UNDER THE TISSUE INFIRMANY TO'L THEY PIH I FURTHER CHELTED THE OOES RECTEUR PIH PASI AND END OF REPORT.	MAKUEE YAPEE First Name Place of Incident: WC12 If Su2 #Su2 Job Assignment: 801 LABOR Prof DELTBERATE MISUSE. OF AUTHORIZED MEDICATION. Other Inmates involved 1. 2. MA here, when and how): DURING A COLL SEARCH OF NOT TAN COLOR PIH PLACED NEXT TO THE CARD BOR ON A BRAND NEW ROLL OF TOTHET PAPER, By TT'S DESCRIPTION AS A ZOLOFT. UPPERS PIH PASS BOX AND UERIFIED WHITFORD THE PIHS IN HES BOX USABLY LOOF LIKE THIS.
Staff Witness: 1. 2. Description of Violation: (who, what, why, who was 12 I Found an Obloce of the Its Sue Inframany I o'd THE ITS SUE INFRAMANY I O'd THE PERIOD THE OBS RECTEUR PIN PASS AND END OF REPORT. REPORTING STAFF MEMBER: 567	MAKUEE YAPEE First Name Place of Incident: WC12 If Su2 #Su2 Job Assignment: 801 LABOR Prof DELTBERATE MISUSE. OF AUTHORIZED MEDICATION. Other Inmates involved 1. 2. MA here, when and how): DURING A COLL SEARCH OF NOT TAN COLOR PIH PLACED NEXT TO THE CARD BOR ON A BRAND NEW ROLL OF TOTHET PAPER, By TT'S DESCRIPTION AS A ZOLOFT. UPPERS PIH PASS BOX AND UERIFIED WHITFORD THE PIHS IN HES BOX USABLY LOOF LIKE THIS.
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Description of Violation: (who, what, why, who WA 12 I FOUND AN OBLOOCENTER / LUNGER THE ITSSUE INFTR MARY IO'L THEY PIH I FURTHER CHECKED THE CODES RECTEUR PIH PASS AND END OF REPORT.	Here, when and how): Dungal A COII STANCH OF ALL TAN COLOR PILL PLACED NOTE TO THE CARD BOAD ON A BRAND NEW ROLL OF TOTIFT PAPER, By IT'S RESCRIPTION AS A ZOLOFT, LIPPEAS PILL PASS BOX AND UTNIFIED WHITFORD THE PILLS IN HIS BOX USABLY LOOK LIKE THIS.
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CENTER/LUNGER THE ITSSUE INFTRMARY TO'L THEY PIH I FURTHER CHECKED THE DOES RECTEVE PIH PASS AND END OF REPORT.	there, when and how): Dungal A COII STANCH OF ALL TAN COLOR PILL PLACED NOTE TO THE CARD BOAD ON A BRAND NEW ROLL OF TOTIST PAPER, By IT'S RESCRIPTION AS A ZOLOFT, UPPEAS PILL PASS BOX AND UPPIFIED WHITFORD THE PILLS IN HIS BOX USABLY LOOK LIKE THIS.
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T FURTHER CHECKED THE CODES RECTEUR PIN PASS AND END OF REPORT. REPORTING STAFF MEMBER: 567	THE PINS IN HIS BOX WISABLY LOOK LIKE THIS.
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REPORTING STAFF MEMBER: 567	
REPORTING STAFF MEMBER: 567	
REPORTING STAFF MEMBER: 567	
Supervisor Review	HOVE HALL STATE
Supervisor Review	(Print Name) (Sign Name)
apervisor Review.	(Signituate)
	(Print Name) (Sign Name)
nmate Status: Pre-Hearing Confinemen	nt Release to Previous Status Other
leason: Still in inmates	posession, no imposing throop
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
tc.)	ess of charge, and to ensure all necessary information is attached (evidence, incident/witness reports,
Can	10.417
(Shift Supervisor's Signature)	(Date) (Warden or Designee Signature) (Date)
NOTICE O	OF HEARING/PREHEARING ACTION
have received a copy of this notice and have been informed of my 1. Hearing Date: / / / Time:	ny right to attend and present evidence at a hearing.
2. I understand the charge(s)? Yes \(\text{No (if no. verbally)}\)	(explain the charge(s) to the inmate)
3. I waive my right to a hearing? Yes No (if yes, have inn	imate sign an Agreement/Waiver/Refusal form) s on my behalf. Yes No If inmate has witnesses, have him/her complete a Witness Request form
5. Other pertinent notations:	s on my ochan. I resign of infinate has witnesses, have him/her complete a Witness Request form
understand, if found quilty I will be subject to it	
THE PROPERTY OF THE PROPERTY O	
perational procedure.	imposition of the sanctions as outlined in the institutional inmate disciplinary
perational procedure.	
perational procedure. (Staff Signature)	

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

INMATE: Whitford, Makueapho#: 301594	LOCATION: <u>LHU1</u>
HEARING CONTINUATION	NOTICE #1
THIS FORM SERVES AS NOTIFICATION THAT THE I	HEARING(S) SCHEDULED
FOR 10-12-17 IS/ARE BEING CONTIN	NUED UNTIL 10-16-17
FOR THE FOLLOWING REASONS: <u>LYLEPTIONA</u> (MSP 3.4.1)	l Circumstances
Inmate Signature Management	DATED_[0-12-17
Disciplinary Koukie	DATED 10-12-17

THIS FORM SERVES AS NOTIFICATION THAT THE I	HEARING(S) SCHEDULED
FOR IS/ARE BEING CONTIN	• •
FOR THE FOLLOWING REASONS:	
Inmate Signature	, ,DATED
Disciplinary	DATED

EXHIBIT D EXHIBIT D Inmate (Goldenrod)

Records (White)

Revised: Oct 2012

1 - ~~	STATE OF AN ONTANA DI	EPARTMENT OF COL. CTIONS FACILITY:	$\overline{}$
v · ►	DISCIPLINARY	ar and a second a second and a second a second and a second a second and a second a second a second a second and a second a second a second a second a second and a second a second a secon	
Inmate's Name: Infraction Number		MINOR [] CE yapee ID# 3015941 Date: Misuse of meds.	: 10.16.17
I do understa	ND THE VIOLATION	OT UNDERSTAND THE VIOLATION – ADDITIO	ONAL ACTION TAKEN
Continuance grant Reason:	ted to Date: / /	By:	
Plea: Guilty Inmate's Statemen L'M Try DOTICE DONCLES T NEED	Not Guilty of the Ing to fight the family policy in the law hide to have accepted to have a	othose medications case. I've new rules procedures. rary are not up to so policies.	ons but ver gotten The odate.
Evidence Provided	intraction y	report, unitrules	
Findings: Evidence Relied O	Guilty of # H24, Dn: INTACTION	□ Not Guilty of #	Statemon
(Circle number of prid	poses: [Circle the number of prior Major/Minor guilty decisions within the timeframe [not ear	inor Infraction Reports: 1 2 3 4 GG arch rule violation]. Find grid level to use by adding curren	rid Level to Use: it & prior guilty decisions).
Sanction(s): (10	111SCUTC + CILY	DE	
	EXID 10:29:1-	7	
Reason(s) for find	ings: if due focismup	mate removed stive behavior	trom
Reason(s) for find COY OF MCLESTA ADMINISTRATIVE R	auetodisnif	Thate removed of the Denavior	LAUJULA TDISCIPIUNARY TEAM
ADMINISTRATIVE R I understand, that an appeal, I must: I DO WISH TO support the findin	EVIEW/DATE I may appeal the decision of the D submit a completed appeal form to APPEAL (Major decisions only) be 1g; (2) applicable disciplinary proof to the rule violation(s). SH TO APPEAL	Disciplinary Hearings Officer to the Warde to the Disciplinary Hearings Officer within ecause (1) there is insufficient evidence at cedures were not followed; (3) the sanction	n. In order to file 15 days from today. and documentation to on(s) imposed are

EXHIBIT D EXHIBIT D

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

Attachment C

,X					
pe of	Classification		Next Review	IC /2010	
assification: Reclass urrent Custody: MAX	Date:	8/6/2017 Current Assignmen	V	/6/2018	
nal Custody: CLOSE	w	Final Assignment:	Labor Pool		
lai custody.	7		Labor Poor	801	
Parole Date: 3/9/2038	3	Discharge Date	e: 2/28/2073	^	
		N/	200.12		
Detainer/Warrant/Notif		⊠ No	State/County:	/	Pal
Separation Needs:	Active Inact	tive Initiate	Remove	1	CCA
Atypical: Yes	⊠ No			CO 706	9
Atypical res	□ NO	Explain if other		W	1201
STG Review: Yes	⊠ No			COUNT O	En
					CA
Override: X Yes	No	Continue Override F	actor: SPECIA	L MANAGEMEN	11/6
_					
	yes in:		⊠ No		
Confidential Information	n: Yes, in:		_ No		
	n: Yes, in:	☐ No Emerge	_ No	d: 🛛 Yes	□ No
Confidential Information		No Emerge		The second second	
Confidential Information	Date 7-19-2016 COMPLETE DATE	6-1-15 FREATMENT STATUS	ency Contact vali MORRA RISK	LEVEL HIGH	4
Confidential Information PREA: Yes, MORRA	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL	6-1-15	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	mplete
Confidential Information PREA: Yes, MORRA SOP I TX	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item.	6-1-15 FREATMENT STATUS	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item.	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP TX SOP TX CD TX: ITU MENTAL HEALTH	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item.	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP TX SOP TX CD TX: ITU MENTAL HEALTH	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item.	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Choose an item.	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Choose an item. Choose an item. Choose an item.	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC PARENTING	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Choose an item. Choose an item. Choose an item. Choose an item.	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC PARENTING CP&R: I/II/III	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Choose an item. Choose an item. Choose an item. Choose an item. Assessment Need Assessment Need Assessment Need	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC PARENTING CP&R: I/II/III	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Choose an item.	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC PARENTING CP&R: I/II/III OTHER T4C	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Assessment Need Assessment Need	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC PARENTING CP&R: I/II/III	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Assessment Need Assessment Need	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC PARENTING CP&R: I/II/III OTHER T4C	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Assessment Need Assessment Need	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC PARENTING CP&R: I/II/III OTHER T4C	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Assessment Need Assessment Need	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC PARENTING CP&R: I/II/III OTHER T4C Admiri Review / Special C	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item.	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete
Confidential Information PREA: Yes, MORRA SOP I TX SOP II TX CD TX: ITU MENTAL HEALTH ANGER MANAGEMENT EDUC. / GED / HISET TSCTC/PRC PARENTING CP&R: I/II/III OTHER T4C Admin Review / Special C	Date 7-19-2016 COMPLETE DATE TYPE OF REFERRAL Choose an item. Choose an item. Assessment Need Choose an item. Assessment Need Assessment Need Assessment Need	6-1-15 FREATMENT STATUS Screened/Waiting	ency Contact vali MORRA RISK Active Ir	LEVEL HIGH	omplete

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

- Page 1 -

Name:	Whitford, Makueeyapee MSP/DOC Number: 3015941 Unit: LHU2	t F
1. Se	everity of Institutional Misconduct (rate last 3 years)	•
- D	Category Reports 12-14-15 & 7-19-16, 4104	6 .
<u>ו</u>	Category II Reports 12-08-16 4107 3-28-16 4235	. 3 ,
F	3+ Category III Reports 1-3-17 4212	1.
F	No violations within last 3 years	0
_		
2. N	ost serious current conviction, Detainer or Warrant	
Σ		6
	High Severity	5
	Moderate Severity	. 1
Ξ	Low Severity	0
3. E	cape History (rate last 3 years)	_
Ļ	Escape or attempted escape from a secure facility (WRC classified secure)	6
. <u>L</u>	Escape/walk away from PRC, TSCTC	4
L	Escape/walk away from PRC, TSCTC Walk away from work release or monitoring program	2
₽	No violations within last 3 years	. 0
4 Se	everity of Felony Convictions within the last 7 years (do not include current conviction)	
Ļ	1+ Highest Severity or 3+ High Severity	4 .
F	1-2 High Severity	3,
Ļ	0 Highest/High severity with 1+ Moderate Severity	1 .
Ľ	0 Highest/High/Moderate Severity with only Low Severity	0
5. N	umber of Category I or II Rule Violations, Predatory/Assaultive Behavior (rate last 3 years)	•
. D	3+ Category I of II Reports 12-14-1S & 7-19-16, 4104 & 3-28-16 4235	4
ř	1.3 Category Lev II Penorts	2
Ė	0, No Category I or II Reports	0
		Score 1-5
C	ustody Score based on items 1-5: 7-9 Medium Restricted / 10-14 Close / 15+ Maximum	16
_		,
6. N	umber of Disciplinary Reports (rate last 6 months)	•
Г	3+ Reports or Return from Community Placement for disciplinary reasons	4
F	1-2 Reports	2
	No Major/Severe Reports	ο .
7. Po	erformance in Recommended Treatment/Education Programs	•
Б		4 '
Ē	Waiting for treatment / currently enrolled	0
Ē	All recommended programs completed	-1
8. In	stitutional Adjustment / Work Performance (rate last 6 months)	•
	Poor ratings from both Work and Housing Unit Team	2
Ē	1 Poor rating from either Work or Housing Unit Team	1
D	Positive ratings from both Work and Housing Unit Team	.0
Ī	Positive ratings from both Work and Housing Unit Team for 3 years	-1
_		-
_	·	
•	CLASSIFICATION INSTRUMENT	

	-Pa	ge 2-	J	•	-
•		,			, 4
Name: Whitford, Makueeyapee	MSP/DOC#	3015941	Unit: LHU2		
O Contract On which the Late II	1				
9. Sentence Remaining (total of all consecu	itive sentences)				
Time Remaining: 56 yrs	ļ.				
Sentenced prior to April 12, 19	95	Sentenced a	after April 12, 1995		
Designated Dangerous Offender (multiply x 2)				•
	<u>Score</u>	•			Score
30+ years/life sentence	 -	⊠ 30+ vear se	ntence/life sentence	, [·]	
11-29 years	1		sentence/total of co		1
	_				
1-10 years	0	1-10 y ear se	entence/total of con	secutive	0
TOTAL SCORE Item 6-9:				9	
Total Points Item 1-5: 16		Total Point	r•	3-	•
Total Points Item 1-5: 16		rotal Politic	, ,	25	ţ
Custody Based on Item 1-5: MAX	,	Custody Bas	sed on Total Points:	MAX	
·					
Preliminary Custody Level: MAX		. Recommen	ded Custody Level:	CLOSE	
CUSTODY SCORE BASED ON ITEMS 1-5 Me	dium Restricted 7-9	Close 1	10-14 Maximum/A	d Seg/Ad Seg Resti	icted 1E±
COSTODI SCORE BAGED ON TIENS 1-3	ulum kestricted 7-3	Close .	to-14 MaximumyA	u Seg/Au Seg Nesu	icted 15+
TOTAL POINTS SCALE - If inmate score	s less than 7 points	on Risk Items 1-5,	uše Total points to de	signate custody	
Minimum/Unrestricted 0-3		Minimum/Res	tricted 4-8		
Medium/Unrestricted 9-11		Medium/Rest			1
Close 17-22		Maximum/Ad	Seg/Ad Seg Restricted/De	eath Penalty 23+ poin	ts
Override Factors:		т " А		•	
Special Management	1	Psychiatric / S	uicide Risk	. Г	1
Medical	j	Escape Threat		, _	i '
Detainer]	Investigation].
Exemplary Institutional Adjustment] '	Adjustment P	roblem / Violence Ti	hreat	
Court Ordered .]	Inmate Need	Click here to ente	r text.	
Institutional Need	er text.				.:
5:1 C J. J 01 O.5	<u> </u>			7	
Final Custody Level: CLOŚE					
Comment from CM or Designee:		<u>, </u>	* ,		•
Inmate Whitford arrived at MSP in 2015 &	was placed at C	CC for almost a	year. While at CCC	he accumalate	ed four
major write ups including two assault infra	ctions. Inmate V	Whitford since b	eing transported l	back to MSP ha	s not
been a management problem. He has refu	ised to comply v	vith New Freedo	om Programming,	Aggression and	d
Violence, CD due to his substance violatio	n. He will be no	n compliant uni	til he attends the C	D New Freedo	m and
has six months clear conduct. His emergen					
recommended.	- · · · · · · · · · · · · · · · · · · ·			•	
	•		1		
Comment from UM or Designee:			· · · · · · · · · · · · · · · · · · ·		
			,		
WHITE-MAIN FILE C/	ANARY-COUNSE	OR ·	DI	NK-INMATE	

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Inmate Whitford has completed his locked housing plan at this time. Whitford was initially scheduled to complete level 4 and return to G.P. on 5/5/17, however new information was discovered and he was extended another 90 days making his locked housing plan complete on 8/5/17. Whitford hasn't been a management problem for LHU2 staff and at this time I recommend an override to close custody and placed in general population.

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyap	ee MSP/DOC# 3015941 D	ate: 6/30/2017	
Housing Unit: LHU2 ST: 1	Biltoft UM: Clark		
Separation Needs: Atyp	oical designation(s) None		
Activation of BMP within last	t 30 days □ Yes ⊠ No	BMP Clearance Date:	lick here to enter a date.
Activation of SMP within last	30 days □ Yes ⊠ No	SMP Clearance Date:	lick here to enter a date.
Mental Health Referral/Conta	ct within the last 30 days \square	Yes No	
Monthly review from MH/The	erapist: Click here to enter te	xt.	
New Freedom Programming			
Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Aggression and Violence	· · · · · · · · · · · · · · · · · · ·		Non-Compliant
	<u> </u>		
Current Level: Level 4	Recomi	mended Completion Level:	Level 4
Reason for initial placement:			
☐ Multiple disciplinary viola	ntions	Multiple locked housing	placements RECEIVED
☐ Refusal to leave locked ho		STG activity	placements
□ Predatory/Violent/Assault			rbance/riot JUL 0 8 2017
☐ Escape, Attempt or Facilit			
☐ Other Click here to enter to		beath sentence of penals	Classification & Placement
Character better for constitution and the constitut	100		Office
Special Housing Needs:			-
☐ Spit Hood ☐ Restriction	ns □ Bottom bunk/tier □	Water Restrictions(floodin	g) 🗆 ADA
☐ Escort Procedures/Special	Security Procedures		
Summary of current status and	d recommendations: Inmate	Whitford was approved for	locked housing placement by the
ARC on 8-9-2016. Inmate Wh	nitford is currently a level 4 and	nd will remain a level 4 unt	il he returns to general population.
He was originally scheduled to	o return to population on 5-5-	2017 but due to new inforn	nation discovered it was decided to
			reviewed for placement back to
general population scheduled			will be made to his locked housing
status.	raged to work on these packe	is. At this time, no changes	will be made to his locked housing
00 11			
1 Rosused +	o Sign refus	se to participate in my locke	ed housing status review.
I	J		
		participated in my locked l	nousing status and understand I may
it will be reviewed by the Adn	e Unit Manager and that if I	participated in my locked la am reduced two or more lev	housing status and understand I may yels due to disciplinary or behavior
	e Unit Manager and that if I	am reduced two or more lev	housing status and understand I may yels due to disciplinary or behavior
Locked Housing Unit ST or C	ne Unit Manager and that if I	am reduced two or more lev	housing status and understand I may yels due to disciplinary or behavior



MANA DEPARTMENT OF CORRECT LOCKED HOUSING STATUS REPORT

	Whitford	Makueeya	apee		AO#:	3015941
	(LAST)	(FIRST)		(MI)		
UNIT:	LHU-2			DATE:		4/24/2017
Locked I	Housing Status:	Max 4		ified to cus Release Da		12/6/2016 5/5/2017
LOCKE	HOUSING PROGRA	AMS				
			Complia	nt		Non Compliant
New Fre	edom: Agression ar	nd Violence	Х			
				YE		NO
•	on Needs	1 100 1		Х		
	on of BMP within the	last 30 days		-		X
BMP Cle		-4!4b.! 4b 1	+ 20			X
Other:	Health Referral/Conta	ict within the is	ast 30 days			X
			Positive	Nega	tive	RECE
Behavio Housing			Positive x x	Nega	tive	MAY 1
Housing		1-3-17: 42	x			
Commer Inmate V 150 days He is cur has mair a New Fr discusse Freedom	sconduct violation:	J2 on 1-30-17 a a review for pla vill remain on L clear conduct a s of yet I have n ay review and w	x 212- Damage Bl and per his Locked accement back to evel 4 until he red has not been of recieved any could be considered.	ed Housing F general populaturns to general UMT problem a UMT problem a Umron population mon-compliation of the problem in the problem is a completed mon-compliation.	or Plan has ulation seral poplem in Liaterial. ant next	been approved for cheduled for 5-5-17 ulation. He currently HU2. He was issued this issue will be month if no New
Commer Inmate V 150 days He is cur has mair a New Freedom housing	oconduct violation: Ints: Whitford arrived to LHUs at Max Custody with trently at Level 4 and with a treedom packet and as do with him at his 30 da material is turned in plan at this time.	J2 on 1-30-17 a a review for pla vill remain on L clear conduct a s of yet I have n ay review and w	x 212- Damage Bl and per his Locked accement back to evel 4 until he red has not been of recieved any could be considered.	ed Housing F general populaturns to general UMT problem a UMT problem a Umron population mon-compliation of the problem in the problem is a completed mon-compliation.	or Plan has ulation seral poplem in Liaterial. ant next	been approved for cheduled for 5-5-17 ulation. He currently HU2. He was issued this issue will be month if no New
Commer Inmate V 150 days He is cur has mair a New Freedom housing	nts: Whitford arrived to LHU at an Amaz Custody with trently at Level 4 and with him at his 30 day and with him at his 30 day and with him at his 30 day and the strend in the strend i	J2 on 1-30-17 a a review for pla will remain on L clear conduct a s of yet I have n ay review and w The LHU2 UM	x 212- Damage BI and per his Locke acement back to evel 4 until he rend has not been ot recieved any covill be considered. T is not recomme	ed Housing F general populaturns to general UMT problem a UMT problem a Umron population mon-compliation of the problem in the problem is a completed mon-compliation.	or Plan has ulation seral poplem in Liaterial. ant next	been approved for cheduled for 5-5-17 ulation. He currently HU2. He was issued this issue will be month if no New

EXHIBIT D EXHIBIT D

Yellow - Six Part File

Pink - Inmate

White - File

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Name	Whitford Whit	DED LOCKED HOUSI Makueeya		All a most transport for finite	LAN 1 Date	5/3/2017	
Unit	Last LHU-2	First Classification Date	8/8/2016				
	Custody Status		ST Bil	toft UM		Clark	
Commercial This is an discussed weapon a Whitford information originally MSP on 1 Max place inmate here.	Currence clear of a mended locked of and after further and he used it on an had a sharpened pon was not provide approved Ad Seg 1/17/2016 to finish the mements. Due to two e assaulted after the	nt Locked Housing Recom- conduct. This plan may be housing plan for inmate W review from multiple depi mother inmate during his a piece of acrylic and he use ad during inmate Whitford placement by ARC on 8/4 Ad Seg time. His file sho to assaults in one year, the at inmate obeyed orders	e modified when negarification. During a plaartments it was disconsequently and the properties of the properties of the provious locked he had been so that a comment of the provious locked he	ative or positive cement meeting vered that inmat in on T-14-16. Durnmate in his back busing plan. Inm in Shelby. He was Seg placement a continued to store The LHU-2 UMT	behavior inmate V ee Whitfor- ring this a k near his ate Whitfor- vas transp and he ha up on the	ris established. Whitford was d had a ssault inmate s right ribs. This ord was orted back to s no previous head of the umending	
housing l	Inmate Whitford is the Aggression ar	s locked housing plan for sexpected to maintain clean did Violence New Freedom ges may be made in acco	r conduct, comply want packet which has st rdance with his attitu	ith any treatmen ill not been com ide and behavior	t recomm pleted. I	nendations,	
	Time Frame	month Estimated Start/Rele		month/year Estimated Rel	oneo Dat		
ADSEG	Not Recommend		ase Date	Estimated Rei	ease Dat	e	
MAX	90	5/5/	/17	8/5/17	_		
Previous	Restricted Ad Se Ad Seg Placements Max Placements	nts C		Number of previ	ous place	ements	
Locked l	y I or II placemen Housing (List per	incident)					RECEI
Current Goal:	to assi Aggre Aggre Under Living What's Under Living	Inmate Whitford a guilty of (4104) Assaulting st Inmate Whitford in charsion and Violence New Fasion and Violence Bindersion and Violence Bindersion and Violence standing Yourself #1 a Non-Violent Life Wrong With Being Tough standing Yourself #2 A Non-Violent Life Part 2 Wrong With Holding My	nging his aggressive reedom packet. r n-Minded	and (4235) Threa	tening St	aff x 1. In order	MAY 8 2017 Classification & Placement Office
Current Goal:	Behavior II						
Current Goal:	Behavior II						
Classific	Anfusco ration specialist	to Sign.	Pog	Inmate Signate Appeal Yes Use standard a	No -	-17	

Main File-White 6 Part File- Canary Inmate Copy-Pink



LOCKED HOUSING STATUS REPORT

NAME:	Whitford	Makueeya	apee	AO#	# : 3015941	
300	(LAST)	(FIRST)		(MI)		=
UNIT:	LHU-2			DATE:	3/31/2017	
Locked	Housing Status:	Max 4	Date class	ified to custody	r: 12/6/2016	
			Estimated	Release Date:	5/5/2017	_
LOCKEL	D HOUSING PROGRA	MS				
			Compliar	nt	Non Compliant	
New Fre	edom: Agression an	d Violence	Х			
						-
				YES	NO	
Separati	ion Needs			Х		
Activation	on of BMP within the	last 30 days			X	
BMP Cle	earance				X	
Mental F	Health Referral/Conta	ct within the la	ast 30 days		X	
Other:						
					RE	ECEIVED
			Positive	Negative		
Behavio	r		x		AP	R 02 2017
Housing	l .		x		Classifica	tion & Placemen
Last mis	sconduct violation:	1-3-17: 42	212- Damage Blo	ck/Cell Door	Classifica	Office
Commer						
150 days He is cur While in unit rules	s at Max Custody with a rently at Level 4 of the	a review for pla EPP and will re to work on New Iers. He currer	cement back to g emain on Level 4 v Freedoms Mate	eneral populatio until he returns rials, maintain c	lear conduct, follow all	
		/				
1)_ D(4	3/31/2	2017		
Inmate S	Signature	1	Date			
				2047		
CM Pfiste			3/31/2	2017		
Staff Sig	nature		Date			
						_

EXHIBIT D EXHIBIT D

Yellow - Six Part File

Pink - Inmate

BL

IN TANA DEPARTMENT OF CORRECT S LOCKED HOUSING STATUS REPORT

NAME: Whitford		Makueey	apee	AO#:	3015941
(LAST)		(FIRST)		(MI)	
INIT: LHU-2				DATE:	2/17/2017
ocked Housing S	tatus:	Max 3	Date class	ified to custody:	12/6/2016
				Release Date:	5/5/2017
OCKED HOUSING	G PROGRAM	IS			
			Complia	nt	Non Compliant
ew Freedom: Ag	ression and	Violence	X		non compliant
				YES	NO
eparation Needs				Х	
MD Clearance	within the la	ist 30 days			X
MP Clearance	rral/Contact	t within the I	act 30 days		X
lental Health Refe ther:	n an Contact	within the I	ast so days	1	X
ehavior			Positive x	Negative	TOFIVE
				Negative	RECEIVE
Behavior Housing ast misconduct v	iolation:	1-3-17: 42	x		n E
lousing	iolation:	1-3-17: 42	x x		n E
lousing	iolation:	1-3-17: 42	x x		n E
lousing	iolation:	1-3-17: 42	x x		
lousing	iolation:	1-3-17: 42	x x		n E
lousing ast misconduct v			x x 212- Damage Blo	ock/Cell Door	MAR 05
ast misconduct v	ved to LHU2	on 1-30-17 a	x x 212- Damage Blo	ock/Cell Door	MAR 05 Classification 8 Offices
ast misconduct v comments: nmate Whitford arri 50 days at Max Cu le is currently at Le	ved to LHU2 stody with a r vel 3 of the E	on 1-30-17 a review for pla EPP and will n	x x 212- Damage Blo and per his Locked acement back to g	d Housing Plan ha	Classification 8 Classification 8 Offices as been approved for scheduled for 5-5- in LHU2 he will
omments: mate Whitford arri 50 days at Max Cu e is currently at Le	ved to LHU2 stody with a r vel 3 of the E New Freedor	on 1-30-17 a review for pla EPP and will n ms Materials,	x x 212- Damage Blo and per his Locked acement back to g moved to Level 4 of maintain clear co	d Housing Plan ha eneral population on 3-5-17. While enduct, follow all u	Classification 8 Classification 8 Office Scheduled for 5-5- in LHU2 he will unit rules, and obey
ousing ast misconduct v omments: mate Whitford arri 50 days at Max Cu e is currently at Le ontinue to work on aff orders. He cur	ved to LHU2 stody with a r vel 3 of the E New Freedor	on 1-30-17 a review for pla EPP and will n ms Materials,	x x 212- Damage Blo and per his Locked acement back to g moved to Level 4 of maintain clear co	d Housing Plan ha eneral population on 3-5-17. While enduct, follow all u	Classification 8 Classification 8 Office Scheduled for 5-5- in LHU2 he will unit rules, and obey
omments: mate Whitford arri 50 days at Max Cu e is currently at Le ontinue to work on aff orders. He cur	ved to LHU2 stody with a r vel 3 of the E New Freedor	on 1-30-17 a review for pla EPP and will n ms Materials,	x x 212- Damage Blo and per his Locked acement back to g moved to Level 4 of maintain clear co	d Housing Plan ha eneral population on 3-5-17. While enduct, follow all u	Classification 8 Classification 8 Office Scheduled for 5-5- in LHU2 he will unit rules, and obey
ast misconduct v comments: mate Whitford arri 50 days at Max Cu le is currently at Le	ved to LHU2 stody with a r vel 3 of the E New Freedor	on 1-30-17 a review for pla EPP and will n ms Materials,	x x 212- Damage Blo and per his Locked acement back to g moved to Level 4 of maintain clear co	d Housing Plan ha eneral population on 3-5-17. While enduct, follow all u	Classification 8 Classification 8 Office Scheduled for 5-5- in LHU2 he will unit rules, and obey
omments: mate Whitford arri 50 days at Max Cu e is currently at Le ontinue to work on aff orders. He cur	ved to LHU2 stody with a r vel 3 of the E New Freedor	on 1-30-17 a review for pla EPP and will n ms Materials,	x x 212- Damage Blo and per his Locked acement back to g moved to Level 4 of maintain clear co	d Housing Plan ha eneral population on 3-5-17. While enduct, follow all u	Classification 8 Classification 8 Office Scheduled for 5-5- in LHU2 he will unit rules, and obey
ousing ast misconduct v omments: 50 days at Max Cu e is currently at Le ontinue to work on aff orders. He cur roblem in LHU2.	ved to LHU2 stody with a r vel 3 of the E New Freedor	on 1-30-17 a review for pla EPP and will n ms Materials,	x x 212- Damage Blo and per his Locked acement back to g moved to Level 4 of maintain clear co	d Housing Plan ha eneral population on 3-5-17. While enduct, follow all u	Classification 8 Classification 8 Office Scheduled for 5-5- in LHU2 he will unit rules, and obey
omments: mate Whitford arri 50 days at Max Cu e is currently at Le ontinue to work on aff orders. He cur	ved to LHU2 stody with a r vel 3 of the E New Freedor	on 1-30-17 a review for pla EPP and will n ms Materials,	x x 212- Damage Blo and per his Locked cement back to g moved to Level 4 o maintain clear co	d Housing Plan ha eneral population on 3-5-17. While enduct, follow all u	Classification 8 Classification 8 Office Scheduled for 5-5- in LHU2 he will unit rules, and obey
omments: mate Whitford arrivate is currently at Le ontinue to work on aff orders. He curroblem in LHU2.	ved to LHU2 stody with a r vel 3 of the E New Freedor	on 1-30-17 a review for pla EPP and will n ms Materials,	x x 212- Damage Blo and per his Locked acement back to g moved to Level 4 o maintain clear co	d Housing Plan ha eneral population on 3-5-17. While enduct, follow all u enduct and has no	Classification 8 Classification 8 Office Scheduled for 5-5- in LHU2 he will unit rules, and obey

EXHIBIT D EXHIBIT D

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•	CTATEO	E MONITANIA I	DED A DEL MENT	OF COLUMNICATION	MG -	-
	SIAIEU	MWP \(Co	DEPARTMENT	OF CORRECTION		BY
				NOTICE OF HEA	DEC 3 0	2016
	DISCIPLINA	(Information and staff			RING	
		MAJOR		IOR	9	YAR
Inmate Name:	Whitford Last name	d	Make	irst Name	ID# 30	15941
Date: 12-29	-16 Time:	2304 Plac	e of Incident:	F-Block		
Room/Cell: Z = -	Housing I	nit 4 H(1-	Ioh A	ssignment.	-3	
Infraction Number(s	s) & Name(s) (4) ov (4) log	210) Destroi The propert 212) Willfulli King device	ying, alter by of another of tampering frence, door	ing, or dame or person, include or with, dame or gate, window	leding Facilitus woling Flooding aging or block or other secus	they a
	d	evice,		. 0 ,		
Staff Witness: 1.			Other Inma	ates involved 1		
2			_	2		
James We Whitford P door alarm	bunding o	unction or	1 choop 50	E,O,R	t he caus	ed the
/						
	FF MEMBER:	James W	ard t Name)	famo	K Way	1
	FF MEMBER:	(Prin		famo		
Supervisor Review:	-	(Prin	t Name)	famo	(Sign Name)	
Supervisor Review: Inmate Status:	FF MEMBER:	(Prin		revious Status		
Supervisor Review: Inmate Status: Reason: I have reviewed this report to	☐ Pre-Hearing C	(Prin (Prin onfinement	t Name) Light Refease to P		(Sign Name)	ess reports,
Supervisor Review: Inmate Status: Reason: I have reviewed this report fetc.)	☐ Pre-Hearing C	(Prin (Prin onfinement	t Name) [L] Refease to P c, and to ensure all necessary and the ensure all neces	essary information is attached	(Sign Name) Other ed (evidence, incident/with	1 1
Supervisor Review: Inmate Status: Reason: I have reviewed this report to	☐ Pre-Hearing C	(Prin (Prin onfinement	t Name) L Refease to P e, and to ensure all necessary Date)	essary information is attach	(Sign Name) Other ed (evidence, incident/with	ess reports, // (Date)
Reason: I have reviewed this report (etc.) (Shift Supervisor I have received a copy of thi 1. Hearing Date: 2. I understand the charge 3. I waive my right to a h	Pre-Hearing C for legibility, completence f's Signature) is notice and have been in the completence in th	(Prin (Prin onfinement ess, correctness of charge NOTICE OF HEAI nformed of my right to a ime: What has, for overbally explain the f yes, have immate sign a	e, and to ensure all necessary and to ensure and present guide Place: L'House charge(s) to the inmat necessary and the second to	(Warden or Designe NG ACTION nee at a hearing.	(Sign Name) Other ed (evidence, incident/witner)	(Date)
Supervisor Review: Inmate Status: Reason: I have reviewed this report fetc.) (Ship Supervisor I have received a copy of thi 1. Hearing Date: 2. I understand the charge 3. I waive my right to a h 4. Be present at the hearin	Pre-Hearing C for legibility, completence f's Signature) is notice and have been in the second present evidence in the se	(Prin (Prin (Prin onfinement ess, correctness of charge / 2 (NOTICE OF HEAI informed of my right to a ime:	e, and to ensure all necessary and to the inmat n Agreement Waiver/Realf. Yes No If in the necessary and t	(Warden or Designe NG ACTION ange at a hearing. e). e). tefusal form) mate has witnesses, have h	(Sign Name) Other ed (evidence, incident/withere Signature)	(Date)
Supervisor Review: Inmate Status: Reason: I have reviewed this report etc.) (Ship Supervisor I have received a copy of thi 1. Hearing Date: 2. I understand the charge 3. I waive my right to a h 4. Be present at the hearin 5. Other pertinent notation I understand, if found operational procedur	Pre-Hearing C for legibility, completence f's Signature) is notice and have been in the second present evidence in the se	(Prin (Prin (Prin onfinement ess, correctness of charge / 2 (NOTICE OF HEAI informed of my right to a ime:	e, and to ensure all necessary and to the inmat n Agreement Waiver/Realf. Yes No If in the necessary and t	(Warden or Designe NG ACTION tage at a hearing. e). terfusal form) tomate has witnesses, have be as outlined in the in RACTS	(Sign Name) Other ed (evidence, incident/withere Signature)	(Date)

EXHIBIT D EXHIBIT D Effective February 23, 2015

MSP 3.4.1, Institutional Discipline

Attachment B

STATE OF WONTANA DEPARTMENT OF CORRECTIONS	
MSP MWP Contract Facility:	
Agreement / Waiver / Refusal Form	
Major/Minor Inmate Disciplinary Infractions	
Agreement Waiver to Attend Hearing Refusal to Attend H	earing 🗌
Inmate Name: Whitford Makueeyapee ID#:301	
Date: 12 /30 / 10 Time: 1030 Housing Unit: 1402	
Infraction Number(s) and Description: 4210- Danagues property 4212- Tampering whocking device	
4212- Tampering Whocking device	
Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a findinguilty on the violation(s) listed above.	ıg or
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions:	
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering the agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction above, and waive my right to a hearing and appeal.	nis n(s) listed
Inmate Signature: Date:/	
Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal.	
D.C. I J. C. a. Cont	
Inmate Signature: Kelt used to 2190 (2010) Date: /	
Refusal to Attend Disciplinary Hearing:	
I told Inmatethat it was time for his/her hearing. (S)he refused/declined (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating:	to attend.
Inmate Signature: Date:/	
Officer/Witness Signature: Date: /	
Disciplinary Hearing Officer/Unit Disciplinary Team Date: Date:	0116
Administrative Review Signature: Date:_/	
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Gold	enrod)
Attachment G MSP 3.4.1, Institutional Discipline Effective February 23, 2015	

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

· • ()
STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP MWP CONTRACT FACILITY:
DISCIPLINARY HEARING DECISION
MAJOR MINOR 🗆
Inmate's Name: Whitford MAKVeey Apec ID #30/894/ Date: 1/3/67
Infraction Number(s) & Name(s) 4210 - destroy froperty 4012 - Thunper door
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN
Continuance granted to Date: / By:
Reason:
Plea: Guilty Not Guilty Other:
Inmate's Statement:
chute married his heave.
Evidence Provided: chaftertian report
Findings: Not Guilty of # 42/2 Not Guilty of # 42/2
Evidence Relied On: Only Total Total
+ + Cofficion report 1 - checked with light sleft
May stone the injusted distinct destroy anything he just that
the light off in the loge. Also enouge does not despert
the charge of 420.
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanction(s): 4111 7501010 7501010 7501010 7501010 7501010 7501010 7501010 7501000 750100 750100 750100 750100 750100 750100 7501000 750100 750100 750100 750100 750100 750100 7501000 750100 750100 750100 750100 750100 750100 7501000 750100 750100 750100 750100 750100 750100 7501000 750100 750100 750100 750100 750100 750100 7501000 750100 750100 750100 750100 750100 750100 7501000 750100 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 7501000 75010000 75010000 75010000 75010000 750100000 750100000 750100000 7501000000 7501000000 75010000000 750100000000000000000000000000000000000
Januarys Gell resinizion
- IS. OOFINE
Proved Surging
Reason(s) for findings:
Agral that he set off the door alcome in the case.
the staff were able to reset the alarme
Jo 1/4/17 Can Feellen
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM
I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file
an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
LIDO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to
support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are
not proportionate to the rule violation(s). XI DO NOT WISH TO APPEAL
Inmate's Signature / ID#: charte was for the former
your source muse mus yeary.
Conjusted Decords (William) D. J. D
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod) Revised: December 2014



Unit LRHU-1 Current Custody Natus Classification Date Ad Seg CM OBien UM Jovanovich Comments: Classification Date Ad Seg CM OBien UM Jovanovich Comments: Classification Date Comments: Classification Date Classification Date Classification Date Classification Date Comments: Classification Date Comments: Classification Date Classification Date Classification Date Classification Date Comments: Classification Date Classification Date Comments: Classification Date Classification Da	-	Whitford	L	OCKED	Maku	IG INMA eeyapee		Numbe			AN 015941	Date		12/8/	/2016					
Current Custody Status Ad Seg CM OBrien UM Jovanovich Current Locked Housing Recommendation-Include Programming required and length of clear conduct. This plan may be modified when negative or positive behavior is established. Inmate Whitford was approved Ad Seg custody by ARC on 8/8/2016 while at CCC in Shelby. On 7/19/2016 he was found gully of (4104) Assaulting Another Inmate. That is his second assault since being incarcerated in December of 2015. The details of the severity of the most recent assault were not available. He was transported back to MSP on 11/17/2016 to finish Ad Seg time. His file shows this is his first Ad Seg placement and he has no previous Max placements. Due to wo assaults in one year, the first (12/14/15) he continued to stomp on the head of the immate he assaulted after that Limmate obeyed orders to get on the ground; The LHU-I UNIT is recommending 120 days in Ad Seg followed by 196-days in LHU-II. During this time in locked housing Inmate Whitford is expected to maintain clear conduct, comply with any treatment recommendations, complete the Agression and Violence New Freedom packet. This plan will be reviewed monthly and changes may be made in accordance with his attitude and behavior. Time Frame Estimated Start/Release Date ADSEG ADSEG ADSEG ADSEG ADSEG BA/8/16 12/6/16 Time Frame Estimated Start/Release Date BA/8/16 12/6/16 Number of previous placements Number of previous placements Category I or II placements while in Locked Housing (List per incident) Current Behavior I Goal: NAA Innate Whitford arrived in prison on 12/14/2015. Since that time he has been found guilty of (4104) Assaulting another inmate x 2 and (4235) Threatening Staff x 1. In order to assist Inmate Whitford in changing his aggressive behaviors he will be issued the Aggression and Violence Binder Aggression and Violence New Freedom packet. Aggression and				Classifi		Date		8/8/20	16											
Comments: clear conduct. This plan may be modified when negative or positive behavior is established. Immate Whitford was approved Ad Seg custody by ARC on 8/8/2016 while at CCC in Shelby, On 71/8/2016 he was found guilty of (4104) Assaulting Another Inmate. That is his second assault since being incarcerated in December of 2015. The details of the severity of the most recent assault were not available. He was transported back to MSP on 11/11/2018 to finish Ad Seg time. His file shows this is his first Ad Seg placement and he has no previous Max placements. Due to two assaults in one year, the first (12/14/15) he continued to stomp on the head of the immate he assaulted after that immate obeyed orders to get on the ground; The LHU-TURT is recommending 120 days in Ad Seg followed by 180-days in 18HU-II. During this time in locked housing Inmate Whitford is expected to maintain clear conduct, comply with any treatment recommendations, complete the Agression and Violence New Freedom packet. This plan will be reviewed monthly and changes may be made in accordance with his attitude and behavior. Previous Restricted Ad Seg Placements Time Frame	_		itus			-				_	UM		Jovan	novich						
Comments: clear conduct. This plan may be modified when negative or positive behavior is established. Immate Whitford was approved Ad Seg custody by ARC on 8/8/2016 while at CCC in Shelby, On 71/8/2016 he was found guilty of (4104) Assaulting Another Inmate. That is his second assault since being incarcerated in December of 2015. The details of the severity of the most recent assault were not available. He was transported back to MSP on 11/11/2018 to finish Ad Seg time. His file shows this is his first Ad Seg placement and he has no previous Max placements. Due to two assaults in one year, the first (12/14/15) he continued to stomp on the head of the immate he assaulted after that immate obeyed orders to get on the ground; The LHU-TURT is recommending 120 days in Ad Seg followed by 180-days in 18HU-II. During this time in locked housing Inmate Whitford is expected to maintain clear conduct, comply with any treatment recommendations, complete the Agression and Violence New Freedom packet. This plan will be reviewed monthly and changes may be made in accordance with his attitude and behavior. Previous Restricted Ad Seg Placements Time Frame								D. Asia					. Val	J. 2. A.						
Ilimate Whitford was approved Ad Seg custody by ARC on 8/8/2016 white at CCC in Shelby. On 7/19/2016 he was found guilly of (4104) Assaulting Another Inmate. That is his second assault since being incarcerated in December of 2015. The details of the severity of the most recent assault were not available. He was transported back to MSP on 11/17/2016 to finish Ad Seg time. His file shows this is his first Ad Seg placement and he has no previous Max placements. Due to two assaults in one year, the first (127/14/5) he continued to stomp on the head of the inmate he assaulted after that jumate obeyed orders to get on the ground; The LHU-I UMT is recommending 120 days in Ad Seg followed by 18d days in LHU-II. During this time in locked housing Inmate Whitford is expected to maintain clear conduct, comply with any treatment recommendations, complete the Agression and Violence New Freedom packet. This plan will be reviewed monthly and changes may be made in accordance with his attitude and behavior. Time Frame	comments																			
of 2015. The details of the severity of the most recent assault were not availble. He was transported back to MSP on I1/17/2016 to finish Ad Seg time. His file shows this is his first Ad Seg placement and he has no provious Max placements. Due to two assaults in one year, the first (12/14/15) he continued to stomp on the head of the immate he assaulted after that jumate obeyed orders to get on the ground; The LHU-IU IVIII's recommending 120 days in Ad Seg followed by 186 days in LHU-II. During this time in locked housing Inmate Whitford is expected to maintain clear conduct, comply with any treatment recommendations, complete the Agression and Violence New Freedom packet. This plan will be reviewed monthly and changes may be made in accordance with his attitude and behavior. Time Frame				-		7						•								
ADSEG 120 8/8/16 12/6/16 12/6/16 MAX 150 120 12/6/16 12/6/16 5/6/17 Previous Restricted Ad Seg Placements 0 Number of previous placements Previous Max Placements 0 Teverious Max Placements 0 Teverious Max Placements 0 Teverious Max Placements 0 Teverious Max Placements 1 Inmate Whitford arrived in prison on 12/14/2015. Since that time he has been found guilty of (4104) Assaulting another inmate x 2 and (4235) Threatening Staff x 1. In order to assist Inmate Whitford in changing his aggressive behaviors he will be issued the Aggression and Violence Binder Aggression and Violence Binder Aggression and Violent Life What's Wrong With Being Tough-Minded Understanding Yourself #2 Living A Non-Violent Life Part 2 What's Wrong With Holding My Anger? Current Behavior II Goal:	f 2015. The n 11/17/20 lacements e assaulted d Seg follo naintain cle reedom pa	le details of 016 to finists. Due to to d after that owed by ear condu- acket. Thi	of the ser sh Ad Se wo assar Linmate 20 days ct, comp	verity of the g time. His alts in one obeyed or in LHU-II.	e most re s file sho year, the rders to g During t y treatme	ecent assa was this is a first (12/ get on the this time in ant recom	his first 14/15) groun in locke imenda	ere not a st Ad Se) he cor nd; The ed hous ations,	availble. eg place ntinued t LHU-I U sing Inm complet	ment to stor JMT is tate W	vas trai and he np on s recon hitford Agress	nsport has no the hea nmend I is exp sion an	ed ba o prevad of the ling 1: pected ad Vio	ck to M vious M he inma 20 days i to lence N	ISP Iax ate s in Vew					
ADSEG MAX 150 8/8/16 12/6/16 8/5/17 Previous Restricted Ad Seg Placements Previous Ad Seg Placements 0 Number of previous placements O Category I or II placements while in Locked Housing (List per incident) Inmate Whitford arrived in prison on 12/14/2015. Since that time he has been found guilty of (4104) Assaulting another immate x 2 and (4235) Threatening Staff x 1. In order to assist Inmate Whitford in changing his aggressive behaviors he will be issued the Aggression and Violence New Freedom packet. Aggression and Violence Binder Aggression and Violence Understanding Yourself #1 Living a Non-Violent Life What's Wrong With Being Tough-Minded Understanding Yourself #2 Living A Non-Violent Life Part 2 What's Wrong With Holding My Anger? Current Behavior II Goal:					n	nonth/yea	ar		m	onth/	year									
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Main File-White 6 Part File- Canary Inmate Copy-Pink

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Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP MWP CONTRACT FACILITY:
Agreement / Waiver / Refusal Form
Major/Minor Inmate Disciplinary Infractions
Agreement Waiver to Attend Hearing Refusal to Attend Hearing
Inmate Name: Whitford Makneeyapee ID#: 3015941
Date: 2/4/6 Time: 525 Housing Unit: 4401
Infraction Number(s) and Description: 4107- NACO+105
☐ Agreement: It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of
guilty on the violation(s) listed above.
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use:(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions). Sanctions:
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.
Inmate Signature: Date: / /
Waiver to Attend Disciplinary Hearing: Inmate waives right to hearing and appeal.
Polissed to sie
Inmate Signature: Restricted to Delyn Date: / /
☐ Refusal to Attend Disciplinary Hearing:
I told Inmate that it was time for his/her hearing. (S)he refused/declined to attend.
(S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating:
Inmate Signature: Date: / - /
Officer/Witness Signature: Date: /
Disciplinary Hearing Officer/Unit Disciplinary Team Date: 1961/6
Administrative Review Signature:
Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod) Revised: December 2014

STATE OF MONTANA DEPARTMENT OF CORRECTIONS MSP (X) MWP Contract Facility:
DISCIPLINARY HEARING DECISION
MAJOR MINOR □ , /
Inmate's Name: Whit Ford wakevee plee ID# 301554/Date: 12/8/16
Infraction Number(s) & Name(s) 407-NATCOTICS 4235-065Truct VSTAFF
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION — ADDITIONAL ACTION TAKEN Continuance granted to Date: / By:
Reason:
Plea: Guilty Other:
Inmate's Statement:
- chute securechis chearing
Evidence Provided: _chilachai report
- crymene reguer
Findings: A Guilty of # 4/07/4220
Evidence Relied On: charaction report
For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
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Attachment C

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

	CLAS	SSIFICATION SUMMARY		Ohr al	/
lame: Whitford, Makue	eeyapee MS	SP/DOC# 3015941	Facility/U	Init: CCC	
ype of assification: Reclass urrent Custody: ADSEC			ext Review ate: Labor Po		
Parole Date: 03/09/20	038	Discharge Date	: 02/28/2	2073	
Detainer/Warrant/Notifice Separation Needs:	Action Inact		tate/County] Remove	<i>.</i> :	
Atypical: Yes	No	Explain if other			
STG Review: Yes	⊠ No	Explain in other			
Override: Yes	⊠ No □	Continue Override Fa	ictor:		
Confidential Information	n: Yes, in:		⊠ No		
PREA: Xes,	Date 07/19/2016 COMPLETE DATE	No Emerger 06/01/2015 FREATMENT STATUS	ncy Contact MORRA R		Yes No
	TYPE OF REFERRAL	Screened/Enrolled	Failed	Active	Complete
SOPITX	Choose an item.				
SOP II TX	Choose an item.				
CD TX ITU	Assessment Need				
MENTAL HEALTH	Choose an item.				
ANGER MANAGEMENT	Assessment Need				
EDUC GED/Hiset	Choose an item.				
TSCTC/PRC	Choose an item.				
PARENTING	Choose an item.				
CP&R I/II/III	Assessment Need				
OTHER T4C	Assessment Need			RECEI	VED
HOICER	1				
Admin Review / Special	Committee Signature /	Date		DEC 15	2016
			Cla	ssification &	
				Office	е
Anneal: Vac	I I No				
Appeal: Yes Classification Officer: Inmate Signature:	L No C. Wandler	Unit Manager:	B. Johnson Date:	n	

CLASSIFICATION INSTRUMENT

WHITE-MAIN FILE CANARY-COUNSELOR PINK-INMATE
BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

- Page 1 -

Severity of Institutional Misconduct (rate last 3 years)	
Category Reports 12/14/2015(4104), 07/19/2016(4104)	
Category II Reports 3/28/2016(4235)	
3+ Category III Reports	
No violations within last 3 years	_
Most serious current conviction, Detainer or Warrant	
Highest Severity Deliberate Homicide	
High Severity	
Moderate Severity	_
Low Severity	_
Escape History (rate last 3 years)	
Escape or attempted escape from a secure facility (WRC classified secure)	
Escape/walk away from PRC, TSCTC	
Walk away from work release or monitoring program	
No violations within last 3 years	_
Severity of Felony Convictions within the last 7 years (do not include current conviction)	
1+ Highest Severity or 3+ High Severity	
1-2 High Severity	
0 Highest/High severity with 1+ Moderate Severity	
0 Highest/High severity with 1+ Moderate Severity	
O Highest/High severity with 1+ Moderate Severity O Highest/High/Moderate Severity with only Low Severity Number of Category I or II Rule Violations, Predatory/Assaultive Behavior (rate last 3 years)	_
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WHITE-MAIN FILE CANARY-COUNSELOR PINK-INMATE BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

CLASSIFICATION INSTRUMENT

-Page 2-

9. Sentence	Remaining	(total of all cons	ecutive sentenc	es)			
Time Rem	aining:	56 years, 3 mor	nths, 14				
	Sentenced	prior to April 12	, 1995	\boxtimes	Sentenced after April 12, 1995		
	Designated	Dangerous Offend	er (multiply x 2)				
			Score				Scor
	30+ years/	life sentence	2	\boxtimes	30+ year sentence/life sentence		5
	11-29 year	S	1		11-29 year sentence/total of cor	nsecutive	1
П	1-10 years		0		1-10 year sentence/total of cons		0
OTAL SCORE It						9	
OTAL SCORE II	ciii o s.						
otal Points Iter	m 1-5:	16			Total Points:	24	
custody Based o	on Item 1-5	ADSEG			Custody Based on Total Points:	ADSEG	
					20010112	ADSEG	
USTODY SCORE	BASED ON IT		Medium Restricte		Recommended Custody Level: Close 10-14 Maximum/Ad Risk Items 1-5, use Total points to des	I Seg/Ad Seg Rest	ricted 15
CUSTODY SCORE	BASED ON IT	EMS 1-5 CALE - If inmate so	ores less than 7 po		Close 10-14 Maximum/Ad Risk Items 1-5, use Total points to des Minimum/Restricted 4-8	I Seg/Ad Seg Rest	ricted 15
CUSTODY SCORE TOTA	BASED ON IT	EMS 1-5	ores less than 7 po		Close 10-14 Maximum/Ad	d Seg/Ad Seg Rest	
CUSTODY SCORE	BASED ON IT AL POINTS SO Minin Medi Close rs: ment tutional Adj	EMS 1-5 CALE - If inmate so num/Unrestricted 0-1 17-22	ores less than 7 po	points on F	Close 10-14 Maximum/Ad Risk Items 1-5, use Total points to des Minimum/Restricted 4-8 Medium/Restricted 12-16	signate custody eath Penalty 23+ poi	
Override Factor Epecial Manage Medical Detainer Exemplary Instit	BASED ON IT AL POINTS SO Minin Medi Close rs: ment tutional Adj ed evel: Al	EMS 1-5 CALE - If inmate so num/Unrestricted 0-1 17-22 ustment Click here to e	ores less than 7 po	points on F	Close 10-14 Maximum/Ad Risk Items 1-5, use Total points to des Minimum/Restricted 4-8 Medium/Restricted 12-16 Maximum/Ad Seg/Ad Seg Restricted/De Psychiatric / Suicide Risk Escape Threat Investigation Pending Adjustment Problem / Violence Th	signate custody eath Penalty 23+ poi	

WHITE-MAIN FILE CANARY-COUNSELOR PINK-INMATE
BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

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Comment from UM of Designee:

I concur with placement as scored Ad Seg, increase in custody due to disciplinary infractions which score him 4 points on #5. Inmate Whitford has now assaulted 2 inmates while at Crossroads and threatened staff, his behavior has escalated to the point that he puts himself and other at risk for further placement in general population

Per Licensed Clinical Social Worker for Mental Health Negrete "There are no issue with placement or a prolonged stay in Segregation for Inmate Whitford"

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE